



Development is CHILD'S PLAY!

Where Fun and Function Go Hand-in-Hand

Cancellation Policy

*A limited number of advanced notice cancellations (more than 24 hours notice) for any reason, are provided without incurring a charge. The following are offered each season:

2 sessions during Winter/Spring (beginning of January to mid-June)

2 sessions for the Summer schedule (mid-June to mid/late August)

2 sessions during Fall (mid/late August to end of the year)

For a child attending therapy twice weekly, 3 cancellations are allowed for each season. Cancellations beyond these numbers (excess cancellations), with more than 24 hours notice, will be charged at ½ the regular therapy rate.

*The following days are considered holidays and will not be counted toward missed sessions:

- New Years Day (office is closed)
- Memorial Day (appointments are optional)
- Fourth of July (office is closed)
- Labor Day (appointments are optional)
- Thanksgiving Day (office is closed)
- Day after Thanksgiving (appointments are optional)
- Christmas Day (office is closed)
- The week between Christmas and New Years (appointments are optional)

*If your child's therapist is available on the optional days listed above, you will be offered the opportunity to schedule a session. If you choose to schedule an appointment, our usual cancellation policies apply.

*If you celebrate a religious holiday, please let us know within 2 weeks of beginning therapy the specific date(s), and that (those) session(s) will not be counted.

*A cancellation, provided with a minimum of 24 hours notice, will not be counted if:

A) you are able to schedule and attend a make-up session or;

B) the therapist is able to schedule another appointment into your cancelled slot.

Therefore, please provide as much advance notice as possible.

We have an answering machine, voicemail and secure messages through our online portal that can take your message 24 hours a day. For a same-day cancellation, please alert us with a phone call.

Cancellations with less than 24 hours notice or a failed appointment (No Show) will be charged at the full therapy rate. Cancellation due to illness with less than 24 hours notice, but prior to the scheduled therapy time, will be charged at half the therapy rate.

Please cancel if your child has had, within 24 hours of the therapy appointment, a fever, vomiting, diarrhea, pink eye, or other contagious condition. We do not want to expose others to illness. If your child has some congestion (without discharge) and only slightly reduced energy, the therapist can generally work on less physically demanding tasks for that session.



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*Your child has a dedicated time with a specific therapist who has prepared to treat your child during the scheduled appointment time. We have tried to make these policies fair to both our families and our therapists by allowing a number of cancellations without charges, the opportunity to try and schedule make-up sessions, and holidays that will not be counted toward missed sessions. At the same time, we want to ensure that our therapists are able to make the best use of their time in the clinic and that they will not be exposed unnecessarily to illness which may make them unavailable at a later time.

*Important: Two (2) weeks notification is required when stopping therapy. Your paid deposit (equal to 2 sessions) will be used for the final 2 therapy sessions, or forfeited if 2 weeks notice is not provided.

Receipts

*You are responsible for payment of your child's scheduled treatment hour. Pre, intra, and post-delivery time with your child are counted in determining the total treatment service time. While typical treatment sessions consist of 50 minutes of direct contact with you and/or your child, the receipt for each full session is for 60 minutes. The additional time may include record review, set-up, cleanup, documentation, and treatment planning for your child's next session.

*If you arrive late and the session is not for the full time, your receipt will reflect the reduced time that services are provided. On your receipt, each procedure code reflects 15 minutes of service. For a 60-minute session, 4 procedure codes are typically used (sometimes 3 are used and one is X2, making for total units). If you are late, fewer procedure codes will be used on your receipt, but you will be charged for the full time that is reserved for your child. Your health insurance will reimburse only for the time that your child received services, as reflected in the codes.

*Receipts for failed appointments, excess cancellations, or late notification charges will reflect no services given and are not eligible for reimbursement by your health insurance.

Please let us know if you have any questions about these policies.

Development is CHILD'S PLAY! Telephone: 408-865-1365
Address: 10011 N. Foothill Blvd., Suite 109, Cupertino, CA 95014



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NOTICE OF PRIVACY POLICIES AND CONFIDENTIALITY PRACTICES

Health information is important to our ability to provide quality care. This information is personal and we are committed to protecting it. The purpose of this notice is to describe:

- How client health information may be used and disclosed
- How you can access your child's health information
- How the privacy of your child's health information is important to us

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR LEGAL RESPONSIBILITY

We are required by federal and state law to maintain the privacy of your child's health information. We are also required to give you this NOTICE about our privacy policies and practices, our legal duties, and your rights concerning your child's health information. We will follow the privacy practices described in this NOTICE while it is in effect. This NOTICE will remain in effect until we replace it.

We reserve the right to change our organization's privacy policies and practices and the terms of this NOTICE at any time, as permitted by federal and state law. We reserve the right to make changes in our privacy policies and practices and to make the new provisions effective for all protected health information that we maintain. If significant changes are made, the new NOTICE will be available upon request and will be posted at our site.

You may request a copy of our NOTICE at any time. For further information about our privacy policies and practices or a copy of this NOTICE, you may contact our privacy officers, Sahana Baker-Malone or Sena Felt.

In order to maintain the privacy of all client information, no one should enter the office unless accompanied by clinic personnel. Family members should be in shared treatment rooms only when accompanying their child.

PATIENT/CLIENT RIGHTS

- **Access:** You have the right to access your child's health information. You can request to view it and/or have us make photocopies (for a cost) of the information you desire. All requests for access to your child's health information must be in writing and an appointment time will be set. In certain specific circumstances we may deny your request, but we will tell you in writing of our decision and any reason(s) for the denial. Please contact our privacy officer for the required form.
- **Amendment:** You have the right to request that we amend your child's health information. All requests to amend your child's health information must be in writing including an explanation of why you want the record amended. Please contact our privacy officer for assistance. We may deny your request if the information:
 - a. was not created by us (e.g. report from another professional),



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- b. is not part of the protected health information we keep, or
- c. is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint that can become a part of your child's record.

- **Restriction:** You have the right to request additional restrictions regarding our use or disclosure of your child's health information. All requests for additional restrictions to your health information must be in writing. Please contact our privacy officer for assistance. We may deny your request under certain circumstances. The law allows us to disclose information without your authorization in response to:
 - a. a court order, subpoena, warrant, or similar process,
 - b. health oversight agencies,
 - c. report about victims of abuse, neglect, or domestic violence, or
 - d. public health activities.
- **Alternative Communication:** You have the right to request that we communicate or send health information to you at an alternate address or by alternate means (e.g. only by phone or in person). All requests for alternative communication regarding your child's health information must be in writing and specify which location or method you want your child's health information communicated by our personnel. Please contact our privacy officer for assistance.
- **Disclosure:** You have the right to a written accounting of the instances in which our agency or our business associates disclosed your child's health information for purposes other than treatment, payment or our agency's operations for records. The list will not include disclosures made for national security purposes, to law enforcement personnel, or those made prior to April 14, 2003.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your child for treatment, payment, and healthcare operations. **For example:**

- **Treatment:** With your permission, we may use or disclose your child's health information to other healthcare providers involved in your child's care (i.e. pediatrician, speech therapist, psychologist).
- **Payment:** We may use or disclose your child's health information to assist you to obtain payment for the services we provide you. This may include but is not limited to, evaluation reports, treatment notes or other documentation required by your payment source.
- **Healthcare Operations:** We may use or disclose your child's health information as it relates to our healthcare operations. This may include agency operations such as performance or quality improvement activities, training programs (including staff and students), accreditation, certification, licensing or credentialing activities, reviewing the competence or qualifications of our healthcare professionals, and evaluating staff performance.



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- **Business Associates:** We may use or disclose your child's health information to other businesses that assist or support our business such as facility maintenance, computer technology assistance, accounting, and/or healthcare staff. To protect your child's healthcare information, we require our business associates to appropriately safeguard your information.
- **Required by Law:** We may use or disclose your child's health information when we are required to do so by law.
- **Abuse/Neglect/Public Health:** We may use or disclose your child's health information to appropriate authorities if we have reason to believe that your child is a possible victim of abuse, neglect, domestic violence, or other crimes. We may use or disclose your child's health information to prevent a serious threat to your child's safety or health or the safety and health of others (i.e. reporting a communicable disease).
- **Appointment reminders:** We may use or disclose your child's health information to provide you with an appointment reminder by telephone message, voicemail, or letter.
- **Your authorization:** In addition to our use and disclosure of your child's health information about your child for treatment, payment, and healthcare operations, we may use your information for other purposes with your written authorization. You may revoke this authorization at any time with a written request. Revoking your authorization, will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your child's health information for any reason except those described in this NOTICE without your written authorization.
- **Marketing:** We will not use your child's health information for marketing purposes or communications without your written authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made regarding access to your child's health information or in response to a request you made in writing, please contact our privacy officer to make a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services. Our privacy officer will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your child's health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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Child's Name _____

Consent for Photographs/Video

I give my permission for photographs/video to be taken of my child. I understand that the photographs/videos will be **only for educational purposes** including staff training, sharing of information between therapists, or as an example of equipment use or therapy technique.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Child _____

Signature (and date) of other parent, if required _____

Acknowledgement of Receipt of Notice of Privacy Policies and Practices

I have received a copy of Development is CHILD'S PLAY!'s Notice of Privacy Policies and Practices (available at www.DevelopmentIsChildsPlay.com on the "Forms" page) and authorize use and disclosure of my child's health information for treatment, payment, and healthcare policies.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Child _____

Signature (and date) of other parent, if required _____

Acknowledgement of Receipt of Cancellation Policy

I have received a copy of Development is CHILD'S PLAY!'s Cancellation Policy (found in our Policies, available at www.DevelopmentIsChildsPlay.com on the "Forms" page).

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Child _____

Signature (and date) of other parent, if required _____

Please let us know if you have questions about any of these policies.