



Jennifer Eigen

SLP P.C.

Reach your child's
communication potential

142 Joralemon St., Suite 3ABC
Brooklyn, NY 11201

718.522.9727
jennifereigen.com

OFFICE POLICIES FOR THE 2023-2024 SCHOOL YEAR

PAYMENT POLICY

- Invoices will be provided at the end of each month. Our policy requires payment directly to our practice and your insurance company may reimburse you.
- Payments can be made online through our Intuit Payment Network, by check, or with a credit card.
- Payment for services is expected ten (10) days after an invoice is issued. If you are unable to pay the balance within that time period, you **MUST** let us know, otherwise your child's treatment will be terminated if payments are not made in a timely manner.

SESSION PROCEDURES

- **Session Arrival:** For in-person sessions, you should arrive a few minutes early so that your child is ready to be seen for the entire length of his/her session. If you are late for a session, your child will only be seen until the end of his/her normally scheduled session. We need to stay on time as our therapists and families have busy days. For remote sessions, if it is your first session be sure you have downloaded the Zoom app and have logged in early for your session. If you are late for a teletherapy session, your child will only be seen until the end of his/her normally scheduled session.
- **Federal Holidays:** Our office will be closed on all federal holidays, with the exception of Veteran's Day.
- **Health and Sickness Policy:** If your child has a fever, is experiencing any symptoms that are considered contagious, has not gone to school on the day of a session, or was sent home sick from school, notify our office immediately. Their sessions will be canceled that day. All children should be fever and symptom free for 24 hours before returning to sessions.
- **Emergency Closures:** We do not follow the DOE school calendar. We will notify you of any emergency closures that may arise (e.g., snow storms, air quality issues, etc.).

CANCELLATION POLICY

- If you need to cancel an appointment due to illness or scheduling conflicts, we require at least 24-hour notice to avoid a full session fee. If you would like to schedule a make-up, please let the office know. Your child's SLP will do their best to accommodate a make-up session within 2 weeks of the canceled appointment. However, it is not guaranteed, as



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our schedules do not always allow for it. If a make-up session is not completed within two weeks, you will be charged the full fee for any cancellations made without 24-hour notice.

- Missing a scheduled appointment with no notification (i.e., a “no show” or failure to cancel an appointment) will result in a charge for the full fee for that session.
- Appointments are given as recurring weekly time slots. Once scheduled, you must be committed to that day and time. We require an 80% attendance rate. This is done to ensure that your child is receiving therapy at a frequency that is most effective for progress and is also best practice for our business as we have a wait list of clients eager to receive our services. If your child’s attendance falls below this rate, we reserve the right to place your child’s services on hold until scheduling conflicts are resolved. There is no guarantee that your appointment time will be held or available upon conflict resolution.
- A two-week notice of termination is required if you plan on ending services with our office.

COVID-19 PRECAUTIONS

1. If your child has tested positive for COVID-19, please notify your child’s therapist about this. They may not attend treatment at our office. We are happy to offer a virtual therapy session in place of an office visit during that time, if they are feeling well enough for a session. Your child’s SLP may choose to wear a mask as your child is recovering from illness or if presenting with long term cold-like symptoms
2. If your child is recovering from COVID-19, they should follow all current CDC guidelines.

I have read the COVID-19 Precautions and agree to follow these procedures. Furthermore, I understand that my child’s treatment may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted. I understand that there may be an elevated risk of contracting the virus simply by being in the office. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to you and your staff at your office to proceed with providing care for my child.

VIDEO RECORDING AND PHOTOS

I give consent for my child to be videotaped by the speech-language pathologists at Jennifer Eigen, SLP, PC, for treatment planning and carryover. I understand that this video recording will only be shown to other trained speech-language pathologists for the following purposes: 1) to aid my child’s treatment planning and evaluation; 2) to provide feedback and treatment suggestions to my child’s clinician. All of the information obtained on these videos will be available to me. I also understand that the recording will only be copied for my child’s homework



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and carryover purposes. For any other purposes, the therapist will ask me directly if I will allow the use of my child's recording within specific conditions and my written consent will be required. I understand I have the right to view, at any time, any video recordings of my child. If saved, all video recordings will become a part of my child's treatment file and will be stored for the time period required by law.

NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how medical information about your child may be used and how you can get access to this information.

We are dedicated to protecting your child's medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are required by law to abide by the terms of this Notice.

You may request that the release of your child's information be restricted to specific individuals and entities of your choice. If you would like to make any such requests, you must do so in the text box below. You also may request to receive communications from us in a confidential manner.

Federal law provides that we may use information about your child for his/her treatment. Furthermore, if we refer your child to another specialist, we may provide pertinent information with the other specialist. We may also use your child's medical information for healthcare operations to help you obtain payment from third parties (e.g., health insurance). Health plans require that we provide them with diagnosis and treatment codes, and descriptions of services provided.

You may specify if you would like us to communicate with your child's educators during the course of his/her evaluation and treatment.

We may also be required to disclose your child's medical information in the unlikely event of a public safety threat, or if required to disclose such information as required by law.

We will not use or disclose your child's medical information for any other purpose without your written authorization. Once given you may revoke your authorization in writing at any time.

You have the right to access the protected information and to amend, but not change, the record if you feel information is missing or is in error. Additionally, you have the right to file a complaint with the HHS Office of Civil Rights if you believe that we have violated your child's privacy rights. If you choose to file a complaint, you will not be retaliated against in any way.

We reserve the right to change the terms of this Notice. If we make any revisions, we will distribute an edited version to current patients, and will make paper copies of the revised Notice of Privacy Practices available upon request.

By signing at the end of this document, I hereby acknowledge that I have received and had an opportunity to ask questions regarding this Notice.



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INFORMED CONSENT

I hereby authorize Jennifer Eigen, SLP, PC, to perform upon the named client appropriate assessment and treatment procedures. I also give consent to receive and communicate via text message and/or email with this office in regards to appointment scheduling, billing/insurance, reports, and information regarding your child's therapy/evaluation. I give my consent to communicate and exchange medical information with staff and clinicians through text messages and email. I understand all messages are subject to be printed and filed in my child's chart.

It should be noted that transmitting client information by email has a number of risks that clients should consider before using email to communicate with Jennifer Eigen, SLP, PC. These include, but are not limited to, the following risks:

- Email can be circulated, forwarded and stored in numerous paper and electronic files.
- Email can be immediately broadcasted worldwide and received by unintended recipients.
- Email senders can easily type in the wrong email address.
- Email is easier to falsify than handwritten or signed documents.
- Backup copies of email may exist even after the sender or recipient has deleted his or her copy.
- Employers and online services have a right to archive and inspect emails transmitted through their systems.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.
- Email can be used as evidence in court.

CONSENT FOR CLINICAL OBSERVATION / SUPERVISION AUTHORIZATION

I give consent for my child to be observed by students and speech-language pathologists. I understand that this observation is done for educational purposes and if at any time my child becomes distracted or uncomfortable, the therapist will ask the individual to leave. As always, my child's privacy will be protected. I understand that the above authorizations may be rescinded at any time when presented in writing by myself or other authorized guardian.

TELE THERAPY

The American Speech and Hearing Association (ASHA) defines telepractice (the act of providing Telehealth services) 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." It is important to know that this service delivery model is supported through the American Speech-Language Hearing Association (ASHA), and is payable by most insurance carriers per the Telehealth Enhancement Act of 2013- H.R.3306,



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113th Congress. This mode of service delivery, when implemented correctly, is noted to have equal outcomes to face-to-face interventions.

I understand that “teletherapy” includes treatment using interactive audio and video. The laws that protect the confidentiality of my medical information also apply to teletherapy. 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 teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the SLP, 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. The SLP currently uses Zoom to provide teletherapy services. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy 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 teletherapy session. I will not record sessions or share any recordings of the sessions with others.

Teletherapy has been determined as an appropriate service delivery model for this patient. Teletherapy will only be used if determined to be at least as effective as in-person treatment. If teletherapy is not deemed as effective, you will be notified. I have read, understand, and agree to the information provided above.

ALLERGY ALERT

I hereby assert that my child has the following allergies:

I am not aware of other allergies and I authorize Jennifer Eigen, SLP, PC, to use foods, scents and textures other than those I indicated above.

INSURANCE

Jennifer Eigen, SLP, PC, is a private-pay practice only. This means:

- We send you an invoice at the end of each month for services provided.
- The invoice includes all necessary insurance codes (e.g., CPT, ICD-10 codes).
- You pay our practice for services within 10 days of receiving our invoice.
- We are not affiliated with **any** insurance companies.
- We are considered “out of network providers.”

In order to seek reimbursement, before you start treatment call your insurance provider to find out:

- Is in-person speech therapy or teletherapy a covered service?



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- Can you go out of network? Do you have out of network coverage?
- Do you need precertification or a prescription from your child's pediatrician?
- What are the exclusions and requirements of your plan?
- Will your insurance company require a written evaluation or treatment plan and if so, how often?
- Will they cover a certain number of visits per calendar year?

Once treatment begins:

- You submit the invoices for reimbursement once a month, in a timely manner.
- If we receive any mail from your insurance company, we will scan and email it to you so **you** can follow-up. **We do not review these letters.**
- If we need to prepare information for your insurance company for 4 or more months (e.g., typed treatment notes, letters of medical necessity, medical review beyond a precertification call or other tasks) you will be charged a fee for the service.
- All reimbursement checks should be sent **directly to you.**
- If we receive a check from your insurance company, we will notify you and return the voided check back to the insurance company so that they can reissue the payment to you.

I have read, understand, and agree to the above, including timely payment to Jennifer Eigen, SLP, PC, for the balance of all invoices rendered for such services according to the office policies.

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