



Social Thinking® Clinical Therapy

About Our Program

- Explore cutting edge approaches to enhance the development of Social Thinking and related social skills both in the classroom and in social settings.
- Sessions are individualized to the participants needs and creatively taught using the Social Thinking® concepts and lessons developed by the founder, Michelle Garcia Winner.
- Students improve their social competencies in a small group or individual therapy environment that is supportive, thought provoking, and developmentally appropriate.
- Weekly sessions are 60 minutes. 50 minutes of direct teaching and 10 minutes of parent education ("parent talk time"). These 10 minutes are an important component of your child's success. We value parent/guardian input and consider you an important member of the team. During "parent talk time" you receive information about the concepts and strategies taught and will be provided with ideas on how this information can be carried over at home, school, and in the community. We cannot stress enough the importance of attending these meetings.

Two clinics – One application

Social Thinking® Saratoga Ave and Social Thinking® Stevens Creek are sister clinics operating under one administrative services department. The smaller social thinking clinic (providing services to approximately 20 clients), will be referred to as Social Thinking® Saratoga Ave (STSA) and the larger social thinking clinic, (which provides services to 250+ clients) will be referred to as Social Thinking® Stevens Creek (STSC). Both clinics will remain at their current locations and all information about their combined clinical services are available at our main website: www.socialthinking.com. The two clinics work together collaboratively but each clinic runs as an independent for-profit business, so payments will be made directly to the specific clinic where the client attends.

We have one administrative group for both businesses to reduce confusion as families need only fill out one application. Applicants are placed at STSA or STSC based on availability of services. Michelle Garcia Winner, founder of Social Thinking, and her team at STSA will provide ongoing training to STSC to ensure quality services at both locations.

Social Thinking Center is an International Training Center

STSA and STSC host clinicians from around the world through our Social Thinking® Clinical Training Program. Once a month professionals-in-training will co-treat with the STSA clinicians in their sessions and will observe groups outside the rooms at STSC. Client confidentiality is maintained throughout all training programs. Often we use the opportunity of having a "new" person in the room for a session as a time for our students to put their social thinking and related social skills into action. We have run international training programs alongside our clinical sessions for many years as a way to provide professionals a forum for learning and helping those students in their community. They are unobtrusive to the treatment process and treatment is never compromised as the therapist closely facilitates the training with the students. Please feel free to discuss these programs with your therapist if you have any questions. Signs will be posted each week we have visitors in from around the world.

Enrollment for Adult Programs:

For more information about our adult services, please see our website www.socialthinking.com.



Enrollment in Social Thinking Groups

We group students with peers that function similarly to your child in their cognitive, perspective taking, social language and auditory processing abilities. We see over 300 clients on a weekly basis so finding common times for similar students to be scheduled can be a difficult puzzle to solve. To help with the process we encourage you to provide as many possible times and days to allow the most options when scheduling. This significantly increases the chances that your child will be placed in a group.

Observation of Sessions

Guardians of preschool age children are sometimes permitted to observe sessions as a part of the therapy process. This is unique to this age group and at the discretion of the therapist who will have to consider HIPAA regulations. Once families transition into the regular school age therapy, parent/guardian education is provided during parent talk time and general observations are not permitted.

Attendance Policy for Social Thinking Groups:

Group work is dependent on all group members attending sessions regularly. The Fall-Spring session roughly follows the 9-month academic school year, and your child's group will be most effective when everyone attends consistently. This allows your child to build peer rapport and develop peer accountability. Applicants must make every effort to attend on a weekly basis. Our clinic calendar details specific holiday closures and over the course of the school year you will have 2 excused absences. You can use these 2 days without being charged for missing your group time at the clinic. Beyond that, missed sessions will be billed as regular sessions. There are no exceptions to this policy, so we strongly encourage families to save these two absences for unplanned illnesses and other emergencies.

On the rare occasion that everyone is absent from the group except for your child, we will still hold the session and focus on your child's specific needs. This is a great opportunity for the therapist to work 1:1 with your child. The session will still be billed at the group therapy rate and will last for 45 minutes (vs. 60). We will not call families to let them know that the child will have an individual session, as we don't often hear about absences until the day of. If a client chooses to not come for the session knowing another group member is out, this will count as one of the two excused absences or will be billed as a missed session if you have exceeded the allowable absences.

Program Cost:

\$115 per 60-minutes for group therapy
\$165 per 60-minutes for individual therapy
\$165 per hour for additional consultation with guardians, other professionals, report writing, IEP attendance (travel time is billed as well), phone calls exceeding 15 minutes with a therapist.

Individual Therapy:

Individual therapy sessions for school age students occur prior to 3:00pm, before the after-school social groups begin. Individual therapy sessions are offered as space allows on the therapists' schedules.

Billing:

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are independent businesses. Billing/Invoicing specific to each company will be explained upon placement in a group. We do not sign contracts with insurance companies, nor do we accept payment directly from insurance companies.

Insurance Policy:

We do not process any insurance. However we do include procedure codes on our invoices based on the type of session to assist you with claims you may wish to submit for reimbursement from your insurance company. For more information on our policy regarding insurance claims please call our office at (408) 244-2005.

Deposits:

A significant amount of time and expertise is invested in considering each child's placement. Guardians must send in a \$230 deposit with the application for placement. The deposit includes a nonrefundable administrative fee of \$30. The administrative fee covers the extensive review and scheduling process that each application undergoes. The remaining \$200 will then be applied to the student's final bill. Please see Clinic Policies (p.9) for more information about withdrawal. If the student is placed at Social Thinking Saratoga Ave then their deposit will be transferred to STSA.



All Clients:

- Application Checklist (this page)
- Registration Form
- Guardian Permissions Form
- Clinic Policies
- HIPPA Email Consent Form (if you would like to submit your application via email)
- Most recent** reports
 - Individualized Education Program (IEP)
 - Psycho-educational assessment
 - Neuropsychological evaluation
 - Speech and language assessment/report
 - Doctor's letter OR Report including medical diagnosis or letter from doctor (not required but helpful if seeking insurance reimbursement)
 - Other
 - None of the above (only check here if you do not have access to any reports)
 - No new reports since last app
- \$230 deposit payable to Social Thinking Stevens Creek. The deposit will be applied to the last two weeks of program attendance minus a \$30 administrative fee.

In addition, *NEW CLIENTS please include:

**You are considered a NEW CLIENT if you have not attended sessions in the past 6 months*

- New Client Information Forms (pgs 6 & 7)
- A brief letter from you describing your child (See pg 7 for letter guidelines)
- A recent picture of your child
- Teacher Questionnaire(s) (please have as many educators complete this form as possible)

Please mail or drop off completed applications to:

**Social Thinking – Stevens Creek
3550 Stevens Creek Blvd, Ste 200
San Jose, CA 95117**

**If you prefer to submit your application via email,
please send to:**

pgarza@socialthinkingsc.com

***Emailed applications without a signed HIPAA email
consent form cannot be accepted***

You will receive placement confirmation July 22, 2019

Application Deadline for Priority Scheduling: June 21, 2019

Notes about completing your application:

- **Incomplete applications cannot be appropriately profiled and will be placed on hold. Applications on hold cannot be profiled and will not be considered for scheduling.**
- **We will not process the application without the \$230 deposit.**
- We accept Cash, Visa, Master Card or Check (please write the **client's name and date of birth** on the check).
- The attached registration form must be filled out completely even if you have attended sessions at our clinic before!
- The more selections and time slots you make available for us to choose from, the more likely it will be that we are able to place your child in our clinic.
- It is important to be as accurate but as flexible as possible. This part of scheduling is complicated and we rely on the information you provide us. We will make every attempt to meet your needs. If your schedule changes after we complete our scheduling, or if you have very limited availability, there is a good chance that we may not be able to accommodate you.
- Please be aware that submitting your application does *not* guarantee placement in a group nor should it be assumed that because you attended a previous session you will automatically be enrolled without an application. Group placement is primarily based on matching similar students for the best possible learning environment and group interactions. It will also depend on students' availability.
- Those who do not make it into one of the initial groups will be placed on the waiting list & contacted when an opening occurs; we generally are able to place the majority of applicants in groups if we receive the applications by **June 21, 2019. We continue to accept applications on a rolling basis throughout the year.**
- We will have placement information available by July 22, 2019.
- If the client is **18 or older** and is not under conservatorship, **the client is required to sign and initial the application**, even if they are still attending high school. We suggest that, in this case, you obtain a Release of Information Form from our front desk (email pgarza@socialthinkingsc.com) so that the adult child can give permission for us to communicate scheduling, billing, and program information to their guardian(s).

Please ensure all forms are signed/initialed prior to submission!



REGISTRATION FORM FOR AGES 8-18

FALL-SPRING 2019-2020

For admin use only:

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Application Deadline for first consideration: June 21, 2019

Please return this application with \$230.00 deposit

Make deposit check out to: Social Thinking Stevens Creek

Mail to: 3550 Stevens Creek Blvd, #200, San Jose, CA 95117

Child's name: _____

PRIMARY CONTACT

Guardian #1 Name: _____

Address: _____

City/State/Zip Code: _____

Guardian #1 Email: _____

Guardian #1 Home Phone #: _____

Can we leave a voicemail? Yes No

Guardian #1 Cell #: _____

Can we leave a voicemail? Yes No

Guardian #1 Work #: _____

Can we leave a voicemail? Yes No

Emergency Contact: _____ Relationship: _____ Phone: _____

School Name and Location: _____

Current Educational Setting: Public School Private School Home Schooled Combination

Current Services: SDC RSP OT Speech ABA 1:1 Aide Other: _____

Primary Language spoken in your home: _____

How did you hear about our clinic?

- Conference
- School
- Doctor
- Other provider (OT/ST/psych)
- Friend/family member
- Presentation
- Resource fair
- Website
- Other: _____

Please circle ALL your availability

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Available before 3pm	Available before 3pm	Available before 3pm	Available before 3pm	Available before 3pm
3:30 pm	3:30 pm	3:30 pm	3:30 pm	3:30 pm
4:45 pm	4:45 pm	4:45 pm	4:45 pm	4:45 pm
6:00 pm	6:00 pm	6:00 pm	6:00 pm	6:00 pm

Social Thinking groups

Individual therapy

Other requests/preferred group mates:

Returning Client? NO YES

Date last attended

Age Birth date Gender Grade (in Sept. 2019)

SECONDARY CONTACT

Guardian #2 Name: _____

Address: _____

City/State/Zip Code: _____

Guardian #2 Email: _____

Guardian #2 Home Phone #: _____

Can we leave a voicemail? Yes No

Guardian #2 Cell #: _____

Can we leave a voicemail? Yes No

Guardian #2 work #: _____

Can we leave a voicemail? Yes No



The following questions will help us start to get to know your child. Thank you for taking the time to provide us with this valuable information. If you are a returning client, only complete this section if there are changes you would like us to keep in mind.

SIBLINGS:

Name and Age _____ Name & Age _____

When was your child's last IEP? _____ Triennial Testing? (every 3 years): _____

Who referred you to our clinic? _____

What are your current concerns about your child's performance at school?

What are your current concerns about your child's performance at home?

Please list the classes, topics, activities or interests your child enjoys at school and at home:

Please list the classes, topics or activities your child struggles with the most at school and at home:

Has your child received all of their childhood vaccinations? Yes No _____

If you would like to have your child's diagnosis included on your billing statements for insurance reimbursement, please include a report or letter indicating your child's medical diagnosis.

Diagnosis: _____ Diagnosing clinician: _____



Please rate your child on a 1-5 scale (5 = great performance)

Paying attention to others	Understanding personal space
Asking questions about others	Participating in a group
Making eye contact	Accurately identifying facial expressions
Understanding the feelings of others	Accurately identifying body language
Showing empathy	Greeting others
Listening	Participating in a conversation
Understanding what people mean by what they say	Quantity of information provided
Doing homework	Adding relevant comments to a conversation
Turning in homework	Apologizing
Keeping backpack organized	Asking for help
Keeping school desk organized	Personal problem solving
Taking responsibility for self	Compromising and/or negotiating
Understanding consequences	Doing chores
Responding to frustration	

Please check all characteristics that describe your child

Unmotivated	Oppositional
Anxious	Physically aggressive
Externally distracted	Verbally aggressive to peers or adults (describe)
Impulsive	Physically aggressive when upset towards adults
Rigid (my way or the highway attitude)	Verbally aggressive towards adults
Aloof/internally distracted	Withdrawn (may hide or emotionally shut down when upset)
Other (please describe):	

Please write a letter describing your child

Including information about the following areas helps us obtain a clear picture of your child, which will increase our ability to find an appropriate placement. If you are a returning client, only include a letter if there are changes you would like us to keep in mind.

Please include the following areas in your letter:

- Your child’s strengths and challenges related to functioning in the social world
- Describe their interactions with peers
- Describe their awareness of their challenges (e.g., Are they aware of how others perceive them, do they think that they are perceived as “different” from their peers?)
- How well do they understand that their actions and words affect others?
- How do they respond to every day problems, such as changes in the schedule, peer conflicts etc.? What calms them down? What makes them more upset?
- What does your child do with unstructured time?



I give permission for my child to participate in community outings as needed during therapy sessions with a therapist employed by Social Thinking Stevens Creek.

Guardian Signature

Guardian name (please print)

Contact telephone number

Date (Permission for 1 year from today)

Please list any food allergies or diet restrictions for your child: Needs Epi-Pen? YES NO

Please list any medications your child is prescribed:

Other adults permitted to pick up your child:

1. _____
Print Name Clearly

Phone

2. _____
Print Name Clearly

Phone

Release of Videos and Images

During sessions, we may cover a particular concept or strategy of the Social Thinking philosophy that illustrates a therapeutic technique or approach particularly well. In this instance we would like the opportunity to use this video in a training/ conference setting. The video will be used to educate guardians and professionals about how to employ therapy techniques that are being discussed.

I give permission for video or pictures of me/my child to be used in conference settings.

Signature

Date

Print parent/guardian name

Shared Guardianship

It is the responsibility of the parents/guardian(s) to alert STSC about special accommodations needed for parents/guardians who do not reside at the same address. For example, if both guardians require a copy of any reports, if both guardians need to give permission to move forward with a group, or if guardians prefer not to attend meetings together. *Please initial to indicate that you have read and understood this policy and then contact the front desk with any requests.*

Guardian initial

Please **READ & INITIAL EVERY SECTION**, and **RETURN with the application packet and please retain a copy for your records. I agree to follow the fee schedule and policies as noted:**

Therapy Session Fee Schedule

\$115.00 per 60-minutes for group, \$165.00 per 60-minutes for individual therapy, **additional consultation:** \$165.00 per hour for consultation with guardians and other professionals, report writing, IEP attendance (travel time is billed as well), and phone calls exceeding 15 minutes with a therapist.

Clinic/Group Fit Policy

Our application review process is extensive in order to ensure that individuals admitted to our program will derive benefit from our approach. If a therapist has questions or concerns about your child's fit in our clinic after reviewing the application, you will be contacted for a Meet and Greet. This is a brief meeting (15-20 minutes) in our clinic that will allow the therapist to meet your child and make the determination of whether or not their needs will be met at our clinic. We do not charge for the Meet and Greet. If it is determined that we are not a good fit for your child, we will provide referrals to other professionals in the community. If your child is placed in a group and, after the group has started, your therapist determines that we are not a good fit for your child, she will work with you to explore other options that will better meet their needs. The therapist will make the final decision as to whether our services are a good fit for your child's needs.

Grouping Policy

We strive to place all of our applicants in well matched groups. However, on occasion the therapist may decide that the grouping is not appropriate. In these cases, every effort will be made to find an appropriate group for your child. If another group is not available or if you are not able to join the group for scheduling reasons, you can request to be placed on the waitlist or withdraw your application. If you are placed on the waitlist, we will keep your deposit and continue to look for a group for your child. If you choose to withdraw your application after you have confirmed (verbally or in writing), we will keep your deposit (\$230). Should you have concerns about your child's group, please contact the therapist as she will make the final decision as to whether a group is a good fit. We are unable to guarantee your child a group under any circumstances.

Policy for Withdrawal

If you choose to withdraw from a group after you have confirmed (verbally or in writing) but before the group has started, we will keep the full deposit. If you find you cannot continue at the clinic for any reason we require a two week notification of withdrawal to allow our staff time to fill that slot. Your deposit (minus the \$30 administrative fee) will be applied to your final bill. If you choose to withdraw from your group to be placed on the waitlist, we also require a two week notice and will hold your deposit.

Absences and Missed Sessions

You are permitted **two** cancellations for the Fall-Spring program without being billed for those cancellations. Cancellations may be due to illness, schedule conflicts, vacations, etc. Unfortunately, if you miss more than the allowed absences you will be billed at your regular rate. There are no exceptions to this policy, so we strongly encourage families to save these two absences for unplanned illnesses and other emergencies.

Sick Child Policy

Children who are showing signs of illness or lethargy do not benefit from attending therapy sessions. Please exercise good judgment in deciding whether or not to bring your child to the clinic. If they are running a fever, are lethargic or complaining of illness, please keep your child at home. If your child attends a session and the therapist deems that they are too ill to participate, your child will be sent home and marked absent.

Policy for Reduced Group Attendance

When therapists work in the group, they observe small details in your child they are not always able to address in depth at that moment given the group setting. When all the other students in the group are absent, we will see your child in a 45 minute individual session, at the same price as if it was a group session. This is an excellent time for your child to receive some direct feedback and encouragement. However, it is not a choice to cancel this session without the absence being noted as a cancellation.

Waiting Room Policy

Guardians of children younger than 13 years old should stay in or very near the clinic during the session. If on any particular day you feel your child is agitated or becomes easily agitated, please do NOT leave the clinic.

If you are bringing a sibling to the clinic, please bring some books or small toys for the sibling to play with. We have a small selection of books available as well as a table where siblings can do homework, etc. We expect siblings to maintain a reasonable level of calm and quiet during their time waiting. If they need to move around please walk them outside but make sure we have your cell phone number in case we need to call you. Please do not leave children unsupervised in the waiting room at any time. Ensuring children are following the waiting room expectations helps to create a comfortable and productive environment for all.

Policy for Late Child Pickup

In the event that a child is not picked up at the end of the session, we reserve the right to charge a \$100.00 fee for any part of each half-hour that they are left waiting (e.g. 40 minutes late, \$200). We realize this may seem extreme, but as you know, many of our students do not deal well with stress and/or transition. Additionally, the therapist must start her next group on time and cannot stay with your child, which creates a very difficult situation for our staff. We have adopted this policy in order to keep our clinic schedule running smoothly and allow our staff to devote their time to our students.

Recordings for Therapeutic Purposes

The use of video, picture image and audio recordings are an essential component to Social Thinking therapy. We must be allowed to use these types of recordings in order for your child to participate in our program. Recordings will only be used within the group or individual session, not to be viewed by the public.

Policy for Collaboration & Consultation

Your therapist may require additional collaboration and consultation with other members of your child's team (e.g., Occupational Therapist, mental health provider, teacher, private and school providers, etc.). In this case, we will request that you sign an Exchange of Information Form giving us permission to communicate with the necessary professionals. In some cases, this information may be required to continue sessions and your child may be placed on hold until the collaboration takes place. This policy is to ensure that we are able to provide ethical treatment in a safe learning environment for your child.

Family Participation Policy

We are a family service clinic and consider parents/guardians to be an important member of the team. We request that a primary guardian attend the majority of parent talk time sessions (10 minutes at the end of each session) in order to support the client's progress and success when they are not at the clinic. During "parent talk time" you receive information about the concepts and strategies taught and will be provided with ideas on how this information can be carried over at home, school, and in the community. We cannot stress enough the importance of attending these meetings.

Policy Regarding 2-Hour Sessions

An important component of our program is providing occasional 2-hour sessions either for a community outing, or a small gathering in the clinic to practice Social Thinking in less structured environments. We understand that some insurance companies will not reimburse for 2-hour sessions, but these sessions can be an essential element of our therapy. Payment for these sessions is the responsibility of guardians. Therapists will make every effort to schedule such sessions at a time that will work for every student in the group. We appreciate your understanding and flexibility.

Acknowledgement of Observations

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are committed to continue to train professionals from all over the world the Social Thinking conceptual model and techniques. Groups run by our clinics will be at times observed by trainees enrolled in the Social Thinking professional development program. Trainees enrolled in the advanced training may also participate in treatment sessions. Confidential information about your child will not be shared with the trainees beyond what they may need to know in order to plan an effective lesson.



Report Writing Policy

In October your child's therapist will write a brief description of the focus of your child's therapy group, as well as 2-3 specific goals your child is working on in the group. At the end of May your child's therapist will write a summary describing your child's progress toward their individual goals, as well as further recommendations. Families will be billed an additional 15 minutes in October for writing the goals and an additional 30 minutes in May for writing the summaries, at our report writing fee of \$165 per hour, (\$41.25 in October, and \$82.50 in May).

Policy for Processing Insurance Claims or Other Administrative Tasks

We are a "private pay" clinic, meaning that all of our services must be paid for by the guardians of the client, or the adult client themselves. We do not accept 3rd party reimbursements. We strongly encourage families to keep their own copies of their invoices and any reports or written updates we send to them each month

- 1) We do NOT process insurance claims on behalf of a client or family. Our role is to provide records when and if they are requested by a family in order for the client/guardian to submit such claims to their respective insurance company.
- 2) Some insurance companies will only reimburse for specific ICD10 Diagnostic Codes. On your monthly billing statement, we include the diagnostic code from any medical reports provided by the client. We cannot enter a medical diagnostic code based on an educational classification alone. For any client that does not have a medical diagnosis on file we will use the default code, ICD10: R69. Deferred on Axis I (a non medical insurance code). Our statements also include a procedure code to reflect the service provided (group speech therapy or individual speech therapy).
- 3) Due to the intensive time and cost related to gathering information for an insurance claim, we will charge an administrative fee based on \$40.00 per hour for any administrative requests which include copies of previous invoices, reports, therapy notes, or calls to insurance companies.
- 4) We will not sign any contract offered to us by an insurance company that states that we agree to be paid a lesser fee than what we have established as our fee for service, even if the guardian has paid our insurance administrative fee.

Policy for Billing

Billing statements/invoices are issued at the end of each month for weekly therapy sessions. Payment is due upon receipt and is considered past due if not received by the 25th of the month. Once your account becomes delinquent, payment will be requested at the end of each therapy session. *Payment in full is the responsibility of the client, whether or not insurance is pending.* There is a \$25.00 charge for returned checks. Open accounts of 30 days or older will bear interest at 10% per annum and will result in temporary suspension in therapy until payment in full has been received or a payment plan has been agreed to. Accounts that are unpaid for six or more months may be assigned to a collection agency and the client's therapy may be put on hold until payment has been made. If you are unable to make your full payment, please contact your clinic to arrange a payment schedule.

Social Thinking Stevens Creek: Mimi Pauline (408) 244-2005 ext. 301 or by email mpauline@socialthinkingsc.com

Social Thinking Saratoga Ave: Vanessa Alcantar at (408) 557-8595 ext. 200 or by email valcantar@socialthinking.com

Use of Email to Communicate Protected Health Information:

Periodically we use email to relate client-specific information, information that is Protected Health Information (PHI), directly to adult clients or to the parents of minor-aged clients. Please see the attached Privacy Policy for information about PHI. Your initials here authorize our therapists to communicate client PHI to you via email. Note: Email addresses will not be sold or shared with any other parties or services.

Privacy Policy:

I have read/received a copy of the Social Thinking Privacy Policy (see attached). Please retain a copy of our Privacy Policy for your file.

Please sign to indicate that you have read and agree with our Clinic Policies.

Signature

Date

Print Guardian Name

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HIPAA EMAIL CONSENT

Important Information

- HIPAA stands for the Health Insurance Portability and Accountability Act.
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information.
- Information stored on our computers is protected.
- Most popular email services (Ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email.
- When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the internet. In addition, once the email is received by you, someone may be able to access your account and read it.
- Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA.
- The guidelines state that if a client has been made aware of the risks of an encrypted email, and if that same client provides consent to receive health information via email, then a health entity may send that client personal medical information via unencrypted email.

By consenting to the use of email with Social Thinking® Stevens Creek, you agree that:

- Social Thinking® Stevens Creek may forward/receive emails as appropriate for placement, diagnosis, treatment, reimbursement, and other related reasons. As such, Social Thinking® Stevens Creek’s staff may have access to emails you send. Social Thinking® Stevens Creek will not forward emails to independent third parties without your prior written consent, unless as authorized by client or required by law.

By signing this form, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of email between Social Thinking® Stevens Creek and me, and consent to the conditions outlined herein, as well as any other instructions that Social Thinking® Steven’s Creek may impose to communicate with me by email. Any questions I may have had were answered. I understand that this consent is valid until one year after the date below.

I agree to ALLOW unencrypted email.

I understand the risks of unencrypted email and do hereby give permission to Social Thinking® Stevens Creek to send me personal health information via unencrypted email regarding _____.
(Client name)

Guardian 1: _____
Print Name Signature Date

Please clearly print ONE email address: _____

Guardian 2: _____
Print Name Signature Date

Please clearly print ONE email address: _____

***We will only send/receive Personal Health Information to/from the email addresses written on this form.**

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It is important that you review this information, initial the box on the policies signature page and keep this for your records. This notice describes how information about our patients/clients may be used and disclosed and how they can obtain access to this information.

Terms:

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information (PHI)**. PHI will be used and disclosed only as needed for Social Thinking (ST) to perform ***Treatment, Acquire Payment and Health Care Operations (TPO)**. Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose. (**TREATMENT: ST PHILOSOPHY INCLUDES A TEN MINUTE "GROUP" PARENT MEETING AS A PART OF EACH GROUP SESSION TO DISCUSS WHAT HAPPENED DURING THE SESSION. DURING THIS TIME IT IS UNDERSTOOD THAT THE THERAPIST WILL SPEAK OPENLY TO ALL THE GUARDIANS ABOUT ALL THE STUDENTS IN THE GROUP WITH REGARD TO THEIR PARTICIPATION AND THINGS THEY NEED TO WORK ON AT HOME. THE THERAPIST WILL MAKE EVERY ATTEMPT TO HAVE THESE DISCUSSIONS IN A PRIVATE SETTING.*)

Access:

The following people will have access to PHI:

- ☞ The client when 18 years old or older.
- ☞ Parents or legal guardians of a minor.
- ☞ Parents of an adult client with written permission of client.
- ☞ Any person to whom the adult client has authorized, in writing, the release of PHI.
- ☞ ST staff and contractors who are involved in providing care or administrative assistance.
- ☞ The client's health insurance company, for payment purposes.
- ☞ Public Health Services and regulatory officials, when required by law.
- ☞ An appropriate authority when a determination is made that the client may pose physical threat to themselves or others.
- ☞ Courts, when the request is accompanied by a duly executed subpoena.

Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the ST Privacy Contact to assure that they meet the minimum necessary requirement.

Patient/Client Rights:

- ☞ Parent/Guardian of clients or adult clients have a right to see and obtain a copy of their PHI.
- ☞ Clients have a right to request limitations to the routine use of PHI for TPO.
- ☞ Clients have a right to request changes in their PHI.
- ☞ Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Therapist must keep a disclosure log. The log must record all disclosures, both written and verbal.

Security:

Privacy measures are designed to protect the confidentiality of all PHI:

- ☞ All staff will receive instruction about and be familiar with the ST Privacy Policy.
- ☞ All staff will exert due diligence to avoid being overheard when discussing PHI.
- ☞ All records will be maintained in a secure environment.

Information with regard to grievances:

Clients who have complaints or concerns with regard to therapeutic management, please first contact your child's personal therapist to discuss your concern. If you feel that she has not been able to adequately address your needs, then please contact the Director. For all other questions, concerns or complaints please address them to the ST Office Manager. If the office manager cannot handle them directly, she will bring them to the attention of the relevant employee at ST. If you still feel that your complaint has not been resolved to your satisfaction, you can address complaints to the Secretary of the United States Department of Health and Human Services. Social Thinking will not retaliate against any individual for filing a complaint.

Administration:

- ☞ The ST Office Manager serves as the Privacy Contact.
- ☞ A designee of ST serves as the Center Security Officer.

Additional Resources on Health Information Privacy

Health Privacy Project
Georgetown University
www.healthprivacy.org

Office for Civil Rights
US Department of Health & Human Services
www.hhs.gov/ocr/hipaa/

Please initial the box at the end of the ST Therapy Policies & Procedures contract indicating you have read and understood these privacy policies.

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APPLICATION FOR AGES 8-18
FALL-SPRING 2019-2020

 Last Name, First Name
TEACHER QUESTIONNAIRE

This student is either being considered for placement in a group or seeking an evaluation at our clinic. Please complete the information below regarding this student based on your experience.

Please return this form to the person who gave it to you or mail it to our office at the address below.

Please complete by: _____

Grade of student: _____

Professional's name: _____

Relationship to the student: _____

Please rate this student in the following areas:

SKILL	COMMENTS	Above grade level	At grade level	Below grade level	Not observed
Math					
Reading decoding					
Reading comprehension					
Written expression					
Participating as part of a large group during class discussion					
Participating as part of a small work group in class					
Making and keeping friends during free time					
Ability to ask for help in class					
Organizational skills while in class					
Organizational skills from home to school and back					
Does this student stand out as unique in their interpersonal skills, either in class or out of class?	Yes or No, if Yes, please explain				
Do you anticipate that this student will encounter more challenges in future school years?	Yes or No, if Yes, please explain				
How would this student's peers describe them?					

Further comments (continue on back if necessary):