



Declaration of Professional Practices and Procedures For Child Enrichment Center

This document is designed to inform Child Enrichment Center Prospective Patients/Clients, Current Clients or Client's Family members about our background and ensure that you understand our professional relationship.

AREAS OF EXPERTISE

Child Enrichment Center specializes in implementing evidence-based procedures in Applied Behavior Analysis (ABA) and counseling approaches to target developmental milestones with children 0 to 18 years of age. Child Enrichment Center uses a specific curriculum targeting language, play, social, career & daily living, motor skills, academic & community skills. We use the principles of Applied Behavior Analysis to create individualized but comprehensive programs for each child. We have developed over 120 programs that target developmental skills.

WHAT SETS US APART

- Multi-disciplinary approach
- Comprehensive curriculum
- Individualized teaching strategies
- Proven track-record of results

Several popular assessments are used to determine which skills and programs will be implemented in therapy sessions and in what order based on the BCBA supervisor's recommendation. Child Enrichment Center uses VB-MAPP, The Child Behavior Checklist, The Behavioral Language Evaluation, Vineland, and other developmental skill lists and assessments to help us create baseline skills to determine progress. Every 6 months to a year, we update the assessment and a copy will be provided to you.

We specialize in the following treatment methods derived from the science of Applied Behavior Analysis:

- Direct/Discrete Trial Teaching
- Verbal Behavior Training
- Natural Environment Teaching
- Precision Teaching
- Pivotal Response Teaching
- Association Method-Multi-Sensory approach to teaching speech, language, reading, and writing skills for non-verbal children.
- Video Modeling
- Cognitive/Behavioral Counseling
- Experiential Teaching
- Interactive Metronome



CHILD ENRICHMENT CENTER CURRICULUM LEVELS OF INTERVENTION

LEVEL ONE

Simple compliance, self-help, motor imitation, receptive, and expressive object and action labeling, simple requests, and basic toy manipulation.

LEVEL TWO

Complex skills including imaginary play, describing and complex language, emotion recognition, and basic cause and effect, with an emphasis on generalization.

LEVEL THREE

Abstract skills such as observational learning, social skills, and academic achievement are targeted. Typically, theory of mind and executive functioning skills, understanding cause and effect relationships, and comprehending social cues are the primary focus. In addition, parent and teacher training is completed so that treatment gains may be maintained after therapy is terminated.

PROFESSIONAL RELATIONSHIP, LIMITATIONS AND RISKS

WHAT WE DO

Behavior analysis is a unique method of treatment based on the idea that most important human behavior is learned over time and that it is currently maintained by consequences in the environment. Our job as behavior analysts and ABA therapists/tutors is to work through behaviors you would like to change.

As behavior analysts and therapists we do not make judgments about behavior. We try to understand behavior as an adaptive response (a way of coping) and suggest ways of adjusting and modifying behavior, reduce pain and suffering, and increase personal happiness and effectiveness.

Please know that it is impossible to guarantee any specific results regarding your goals. However, we will work together to achieve the best possible results. If we believe our services have become non-productive, we will discuss terminating it and/or providing referral information as needed.

PROVIDER CREDENTIALS/EXPERIENCE/EDUCATION REQUIREMENTS

Board Certified Behavior Analyst (BCBA) Supervisor or Lead Behavior Analyst Therapist (LBAT) – BCBA's and LBAT's are master level providers with at least 3 years experience working with children with autism and other related disorders. They provide (on average) monthly supervisions to each provider 5 -10% of the total direct service hours. Supervision may be provided on-site, in a group, or via webcam. The hours vary depending on the hours allotted or required by insurance companies or purchased through private pay.

Behavior Technician/Therapy Assistants (BT/TA) – BT's or TA's are required to be a registered behavior technician (RBT) and have an Agency Affiliated Counselor (AAC) license provided by CEC. They work directly with your child during schedule therapy sessions implementing the ABA treatment plan outlined by the BCBA or LBAT Supervisor.



Licensed Mental Health Counselor (LMHC) – Licensed counselors provide 1:1 and group counseling sessions to those children that have high functioning autism and other diagnosis that require counseling as the approach for behavior and cognitive thinking change.

FAMILY'S ROLE IN THERAPY

The involvement of the family is critical in the treatment process. No one knows your child better than you (the parent) and you are ultimately the one who cares the most and are most affected by your child's challenges and strengths. With your input, we can help you discover what is maintaining your child's problem behaviors (including the symptoms of autism), discover more appropriate replacement behaviors, and help us teach your child new functional skills and behavior. We can further help you acquire new behaviors to improve your skill level. You will be consulted at each step of the process. We will ask you about your goals, and we will explain our assessment and the results of our assessments in plain English. We will describe our plan for intervention or treatment and ask for your approval of the plan.

Because you spend a great deal of time with your child, our goal is to teach you to use that time to generalize the teaching goals into everyday living situations. Watch and learn from your therapy providers and access as much parent training as you can. Your involvement will optimize your child's therapy. However, you are not expected to be a therapist to your child. Our therapists can provide the "intensive" teaching, which will allow you to have some respite and will make your time with your child more enjoyable and productive. Outings to the park, shopping, visiting family and friends, dressing, bath time, and dinner are just a few of the daily routines that serve as opportunities for parent teaching using the principles of Applied Behavior Analysis (ABA).

General Behavior Recommendation to Parents:

The most important principle that will improve your relationship with your child and improve the overall functioning of your child in all areas: is for you (the parents) to follow through with all requests and demands you impose upon the child. Be constructive with your feedback of your child's problem behaviors and remain simple and age appropriate in your requests to your child. You should know that your child demonstrates all behaviors/language to either get something or get out of something. Provide as much positive feedback for any desirable behavior you see them do so that it will increase the likelihood they will repeat it as well as decrease the likelihood of the problem behaviors. "Starve the problem and feed the opportunities." Your child can learn anything based on the adult's ability to facilitate an effective learning procedure or environment and if the child is motivated to get something or get out of something.

PARENT/CLIENT RESPONSIBILITIES

We can only work with clients who fully inform us of any and all concerns. We will need your full cooperation as we try to understand the various behaviors that are problematic for you and hinder your child's ability to meeting his/her potential. We will be asking a lot of questions and making a few suggestions and need your total honesty with us at all times. We will be providing you with data as part of our ongoing evaluation of treatment and expect that you will attend to the data and give your



true appraisal of conditions.

THERAPY SCHEDULING AND PROVIDER PLACEMENT POLICY

Parents are required to provide CEC with their child's permanent schedule during the intake process so that we can outline an appropriate therapy schedule given availability of providers both supervisors and their therapy assistants/behavior techs. We take into account the supervisor's clinical recommendation and the available resources in the area to determine days, times, and location of therapy.

A Behavior Technicians (BT)/Therapy Assistant (TA) will be assigned to your child based on the providers strengths and your child's specific needs. This is a general rule. However, scheduling staff and therapy session is our most difficult challenge in providing these kinds of services. Ultimately, the BCBA/LBAT will make the final decision of matching providers to children based on the both clinical and logistic conditions; such as scheduling, available licensed provider in area, location of therapy, authorized services...etc.

Each therapy provider works differently with children even though they implement the same programs and intervention. Allow the supervisor to assist the provider in developing skills and abilities to benefit your child. We ask that you be patient with us and communicate regularly to ensure we find the right fit for you. If sufficient effort has been made to help staff and child develop a therapeutic relationship, then a parent can request a change of therapist.

Employees can handle their own schedule with each case or patient they serve. They provide us with their available schedule for time to time and we match them with the child as stated above. They will be required to meet the hours they have agreed to do on your case. They will provide you with the schedule they can work and you and the provider can work together to meeting the authorized or recommended therapy hours including location (home, center. School...etc. We discourage frequently changing the schedule because it causes miscommunication and conflict including "no shows" and other issues.

If you need to cancel or reschedule your appointment or therapy session we expect that you call as soon as you are aware of the change. If we do not receive 24-hour notification of your cancellation or you fail to show at an appointment, then you may be charged for the appointment without make up.

A BCBA Supervisor sends, to your direct provider, a monthly schedule of supervision. It is the responsibility of your therapist to provide you with the dates and times requested and to confirm that appointments with you. Please contact the BCBA/LBAT Supervisor if there are any concerns about scheduling the required and necessary supervisions per month. According to the Behavior Analyst Certification Board (BACB), Every Behavior Technician/Therapy Assistant must be supervised by a BCBA Supervisor on a regular basis with each child they work with.

Each employee is required to keep track of their own hours writing in the time sheet when they start and finish each session, the location, and total hours. In addition, Parent/Teacher/Caregiver signatures and dates in all areas must be completed before submission to CEC by the 1th and 16th of every month. Data, programs completed, and summary percentages must also be completed in



the designated areas on the timesheet before submission to CEC. Use one timesheet for each child. The hours indicated on this time sheet are the hours that you or your insurance will be billed. Please notify Child Enrichment Center supervisor or office staff as soon as possible if you recognize any discrepancies in the time sheets. All copies of items in your child's file are available to you upon request.

Child Enrichment Center providers are also required to compile raw data and graph child's progress and be submitted by email on the last day of the month. These documents are also available to you upon request. This may be difficult to do during their sessions with the child though it is required to complete data during each session. Please help them accomplish this task and assist where needed to allow the provider time after their session to complete the data and graphs during the last part of therapy.

HOME-BASED THERAPY REQUIREMENTS

- Provide an area that is well-lighted and void of too many visual and audio distractions
- Provide an area air-conditioned or heated for the comfort of your child
- Provide table and chairs for your child to learn
- Provide necessary, age-appropriate learning toys (puzzles, figurines, games, etc.) and preferred items/edibles to use as reinforcers.
- Provide a clean, illness, and disease-free environment
- Provide assistance and information where necessary to avoid injuries from aggression due to the behavioral excesses your child may have.

SESSION MATERIALS

If your child receives home therapy, Child Enrichment Center may purchase materials to help the sessions run smoothly and so that providers have all they need to teach your child. These supplies are the property of Child Enrichment Center and you will be required to return them to our office location within 5-business days or reimbursement of the items that were lost will be due immediately.

EDIBLES

Child Enrichment Center does not provide food or drinks (other than water) due to liability issues. Many children are on special diets and require specific foods. If your child has therapy sessions at one of our center locations, you be required to provide snacks or drinks for us to provide them during sessions. If they are part of our Day Treatment Program, you will be required to send a lunch with them.

PARENT EDUCATION

Child Enrichment Center provides parent education in several formats. Each family has different areas of strengths and needs. Upon request and according to the allotted hours of the funding source, Child Enrichment Center's trained professionals; Licensed Counselors, BCBA/LBAT Supervisors, and/or Program Managers can provide coaching and training of parents with their child implementing the behavior intervention plan or developmental treatment goals with the child. This is done by the supervisor or manager explaining the intervention steps or learning programs as well as the principle of behavior change which support the intervention. Research articles, books, and other



supporting documents can be provided upon request for each program or intervention method. The master level provider will model the intervention in vivo with the child, demonstrating the correct way to manage a behavior or teach a new skill. Last, the parent will implement the program or intervention just as the provider did in an in-vivo situation. The BCBA/LBAT will provide coaching and feedback. Repetition and review of principles will be provided as needed or upon request. Parents may also access our online training program located on our website: www.childrenrichmentcenter.org.

Under our code of ethical conduct, we are not allowed to work with you in any other capacity except as your behavior analyst or counselor under Child Enrichment Center. If we are working in your home with your child or some other location, it is not appropriate for you to leave the premises at any time or ask us to take your child to some other location that is not directly related to our services.

DATA COLLECTION & GRAPHING

One of the unique aspects of behavior analysis is that as a form of treatment, decisions are made based on objective data that is collected during the ABA therapy sessions. In the beginning and throughout the therapy process, we will need to take baseline data to first determine the nature and extent of the behavior problems that we are dealing with; then we will devise an intervention or treatment and continue to take data and determine if it is effective. We will show you this data and will make changes in treatment based on this data.

We will need a list of prescribed or over-the-counter medications and/or supplements in addition to any medical or mental health conditions so we can include such information into our analysis of your child; this information is kept confidential.

OTHER THERAPIES

Behavior analysis therapy, most often does not mix well with non-evidence based treatments. If you are currently involved with other therapies, please let us know. If, during the course of our treatment, you should contemplate starting other therapies please let us know immediately so we can discuss the implications. Other therapies may or may not interfere with one child's response to the evidence-based treatment progress.

TERMINATION OF SERVICES

You have the right to terminate our services at any time; provided, however, that in such event, the balance of our fee (reduced appropriately for services yet to be performed) shall become immediately due and payable by you or your insurance. Upon termination, failure to immediately pay for services already rendered by Child Enrichment Center constitutes breach of the Agreement.

We will also have the right to terminate our services with you at any time. We further reserve the right in our discretion to terminate our services and resign our engagement in the event that any of our statements for fees and expenses remain unpaid (in whole or in part) after the due date for such statement and 10 days after we have notified you that we intend to resign if such statement is not fully paid. You expressly agree and consent to our right to terminate and resign as set forth in this paragraph.



TRANSITION OF SERVICE POLICY

A 30-day notice of termination is recommended for Child Enrichment Center to provide a transition plan individually designed for each child's needs and the needs in their environment with regards to ABA therapy or counseling being implemented. To achieve smooth transition for the child to no longer receive ABA therapy by a provider or to transition therapy implementation to the parent, collaboration between your CEC supervisor and the new provider or parent is required. Parents must understand that when services are terminated without a proper 30-day notice, the transition of ABA therapy to another service provider or to parent may have a regressive outcome for the child. New or desirable behaviors may decrease in frequency and reduced problem behaviors may increase or may not be maintained. Without following a transition protocol, overall results of therapy are not guaranteed for the child to generalize new skills and decrease problem behaviors to other providers and family members.

Again, for a proper transition we need a written request for transition 30 days before your chosen termination date to provide enough time to gather all assessments, data, and information used with the child. Child Enrichment Center will provide one meeting with new service provider or parent to discuss transition and provide transition paperwork requests. Child Enrichment Center is not obligated to provide program sheets or CEC's curriculum to new service provider. We will, however, provide current graphs or data as well as the most recent 6-month report or treatment update plan. Please make these requests with your supervisor.

During the final collaboration meeting a Transition Report will be provided by the supervisor outlining the results of assessments used to determine the child's progress since the implementation of ABA therapy, barriers to learning, strengths, maladaptive behaviors and their functions, child's responses to outlined programs/protocols, and all other variables that effect the therapy process for better or worse.

SUBMITTING COMPLAINTS

Child Enrichment Center understands that not all service providers can provide the vast needs of every child and surrounding environmental circumstances. Though we know our extensively trained and experienced providers strive to do their very best to provide the services outlined in this contract and meet the child's and parent needs for therapy, there can be miscommunications, scheduling issues, misunderstandings, and other problems due to the close contact and nature of daily therapy in the home. We ask that parents or caregivers contact Child Enrichment Center's by emailing or faxing their complaints or concerns to our office staff through our secure and confidential email account childrenrichmentcenter@hushmail.com. Please provide and document all necessary details about the problem. We can then contact you to speak to you about the issues confidentially and strive to work out or resolve these issues without it affecting the child's therapy in anyway. We ask that parents do their part to communicate the problems they see early on so that they can be resolved before more serious issues arise. A copy of the "complaint form" is provided on the last page of the contract for you to keep and use when you need.



LANGUAGE ASSISTANT PROGRAMS

None available at this time

CONFIDENTIALITY

Clients and their therapists have a confidential and privileged relationship. We do not disclose any thing that is observed, discussed or related to clients. In addition, we limit the information that is recorded in your file to protect privacy. We need you to be aware that confidentiality has limitations as stipulated by law including the following:

- Child Enrichment Center has your written consent to release information
- Child Enrichment Center is verbally directed by you to tell someone else situations
- Child Enrichment Center determine that you or the child is a danger to yourself or others
- Child Enrichment Center have reasonable grounds to suspect abuse or neglect of a child, disabled adult, or an elder adult
- Child Enrichment Center ordered by a judge to disclose information.

Attached Exhibits: Incorporation by Reference

(Copies of these completed and signed forms are in your child's file.)

- (1) Consent to Provide Services attached as Exhibit A;
- (2) Client Rights attached as Exhibit B;
- (3) Complaint Form attached as Exhibit C;
- (4) Note of Privacy Practices Form and Notice of Receipt attached as Exhibit D & E

FEES & PAYMENT

All parents are expected to contribute to the cost of therapy regardless of the type of insurance you have unless there is both primary and secondary insurance coverage

INSURANCE BILLING POLICIES

Parents will be billed for Co-Pays, Deductibles, and all other outstanding balances and expected to pay 15 days after invoice date provided by our billing department. An invoice will be sent by email after billing statement and/or payment is received by the insurance company.

*Please see attached explanation of insurance terminology for more information about patient responsibility for payment.

Please contact Becky Anderson at Three Rivers Billing for any questions regarding co-pays and deductibles: Email: threeriversbilling@yahoo.com

PH: 509-545-0860

Fax: 509-545-0861

All payments should be sent or received at:
Child Enrichment Center
1950 Keene Rd, Building L, Richland, WA 99352



Your Insurance will be billed the following amounts for the services listed:

Mental Health Counseling:

- \$155 per hour for individual Counseling Services.
- \$60 per hour for Group Counseling
- \$155 per hour Initial Treatment Plan (Counseling Services)

ABA Programs

- \$155 per hour Functional Behavior Assessment & Behavior Change Plan (ABA Program)
- \$50 Direct one to one therapy provided by a therapy assistant
- \$155 per hour for BCBA Supervision
- \$60 per hour for group therapy

Tutoring/Interactive Metronome (ONLY)/out-of-pocket

- \$25 per 30-minute session at our center location for at least 3 times a week if schedule will allow.

HOME INTERACTIVE METRONOME

- \$155 for initial assessment and set-up of E-Clinic and software download (1 hour)
- \$500 for IM Home package and \$99 for licensing fee per child.
- \$75 for 30 minute monthly review and/or webcam supervision/consultation

*Rates are determined by the insurance company. CEC bills every insurance company the same fee rates per services. Rates are determined by the national average for each service.

Late Payments

It is our policy to charge a \$25 processing fee plus interest at the rate of eighteen percent (18%) per annum, compounded annually (to the extent permitted by law), on any sums not paid within fifteen (15) days of the initial billing date, with a minimum late payment penalty, including the finance charge, of \$5.00 per month. Of course, if the invoice is paid on timely basis, no interest or late payment will be charged. If any bills remain unpaid for more than ten (10) days, Child Enrichment Center shall have no further obligation to perform services under this agreement.

Fee Disputes; Right to Arbitration

If any legal action or proceeding is brought by any party to this agreement against the other party to enforce the provisions of this agreement, the prevailing party is entitled to recover reasonable attorney's fees and cost of suit in addition to any other relief to which the prevailing party may be entitled.

In addition, you should know that you have the right to have any dispute concerning fees submitted to mandatory binding arbitration. Such arbitration shall be conducted in accordance with rules of the State Bar of Washington, before an arbitrator or arbitrators selected in accordance with those rules. The decision of the arbitrator(s) shall be final and binding on the parties. The arbitrator(s) shall have the discretion to order the cost of arbitration, including his fees, other cost, and reasonable attorneys' fees, shall be borne by the losing party.



Entire Agreement

This Agreement constitutes the entire agreement between the parties. It may not be modified except in writing signed by both parties.

Disclaimer

You agree that your use of our service(s) is solely at your own risk. You agree that all of such services are provided on an “as is” basis and “as available” basis except as otherwise noted in this Agreement. Child Enrichment Center expressly disclaims all warranty of merchantability, fitness for particular purpose, and non-infringement.

Liability

In no event, will Child Enrichment Center be liable to the client or any third party for any damages, including personal injury, medical expenses, lost of wages, lost of profits, or other incidental or consequential or special damages arising out of the operation, performance, instruction, therapy, training, consultation, supervision, service, participation, application, coordination, and any other factor relating to the ABA treatment/therapy/consultation sessions provided by Child Enrichment Center.

Partial Invalidity

The unenforceable, invalidity or illegality of any provision of this Agreement shall not render the other provisions unenforceable, illegal, or invalid.

Governing Law

The agreement shall be governed by and construed in accordance with the laws of the State of Washington or in any other state to which services are provided.

Submitting Complaints

Child Enrichment Center understands that not all service providers can provide the vast needs of every child and surrounding environmental circumstances. Through we know our extensively trained and experienced providers strive to do their very best to provide the services outlined in this contract and meet the child’s and parents needs for therapy, there can be miscommunications, scheduling issues, misunderstandings, and other problem due to the close contact and nature of daily therapy. We ask that parents or caregivers contact Child Enrichment Center by emailing or faxing their complaints or concerns to our office staff through our secure and confidential email account childrenrichmentcenter@hushmail.com Please provide and document all necessary details about the problem. We will strive to resolve your issues confidentially without it affecting the child’s therapy in anyway. We ask that parents do their part to communicate the problems they see early on so that they can be resolved before more serious issues arise. A copy of the “complaint form” is provided in the contract for you to keep and use when you need.



Exhibit B
Client Rights

Child's Name: _____ DOB: _____

Parent/Legal Guardian: _____ Relationship: _____

I understand that my child's rights are:

- ❖ Be treated with respect, dignity and privacy;
- ❖ Develop a plan of care and services which meets your unique needs;
- ❖ The services of a certified language or sign language interpreter and written material and alternate format to accommodate disability consistent with Title VI of the Civil Rights Act;
- ❖ Refuse any proposed treatment, consistent with the requirements in chapter 71.05 and 71.34
- ❖ Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language age, disability, and sexual orientation;
- ❖ Be free of any sexual exploitation or harassment;
- ❖ Review your clinical record and be given an opportunity to make amendment or corrections.
- ❖ Receive an explanation of all medications prescribed, including expected effect and possible side effects;
- ❖ Confidentially, as described in chapters 70.02, 71.05 and 71.34 RCW and regulations.
- ❖ All research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in chapter 388-04 WAC.
- ❖ Make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions;
- ❖ As a parent of a minor patient, observe any and all ABA sessions with your child, ask questions about any intervention or procedure;
- ❖ As a parent of a minor patient, to terminate any procedure which you might object to, such intervention will not be reinstated without your approval;
- ❖ Receive a treatment plan and verbal explanations of our interventions in language you can understand, free of professional or academic terms and language not understandable to the layperson.
- ❖ Ask for an administrative hearing if you believe that any rule in this chapter was incorrectly applied in your case.

Signature of Parent/Legal Guardian

Date

Child Enrichment Center Representative

Date

(Copies of these completed and signed forms are in your child's file.)



CLIENT RESPONSIBILITIES

Name of Child: _____ DOB: _____

Parent/Guardian Name (completing this form): _____

Clients who are using this service have a responsibility to:

1. Respect as individual everyone involved in the services.
2. Respect the rights of others including their rights to confidentiality and privacy.
3. Inform staff of support needs.
4. Read, understand and agree to the Parent Agreement/Contract agreement before signing.
5. Honoring agreements made with CEC about services provisions and care.
6. Respect CEC property.
7. Let the therapist or center know if you are not available for an appointment.
8. Ensuring that you are not under the influence of alcohol or other drugs, and/or behaving in a way which makes delivery of service difficult or dangerous.
9. Act in a way which respects the rights of others clients and staff.
10. Inform practitioners of any major changes to client including but not limited to; relocation, medical care, health, sleep disturbances, diet changes, medication changes, family crisis, parent employment changes, address/health insurance changes, school/educational placement transitions or changes, or any other significant event or conditions that may affect the way the client responds to treatment or any third party involvement affected.
11. Take responsibility for the results of any decisions they make.
12. Seek a fair resolution of any complaints.

Any client who has reason to believe that he/she has been mistreated, denied services, or discriminated against in any aspect of services because of disability may file a grievance with the Washington State Health Department:

Health Systems Quality Assurance Complaint Intake

P.O. Box 47857
Olympia, WA. 98504-7857
Phone: 360-236-4700
Email: HSQAComplainIntake@doh.wa.gov

Parent/Guardian Signature

Date

Child Enrichment Center Representative Signature

Date



Child Enrichment Center
1950 Keene Road Building L
Richland, WA 99352
Phone: 509-420-3442
Fax: 858-521-8173
www.childrenrichmentcenter.org

Exhibit C
(Keep for your files to use when needed)

COMPLAINT FORM

Name: _____

Address: _____

Phone Number Home: _____ Cell: _____

Follow Up Requested: Yes _____ No _____

INCIDENT DESCRIPTION

Type of complaint (billing, payroll, clinical/therapy, staff professionalism, etc.): _____

What happened? Time: _____ Date: _____ Location: _____

Injury involved:

Fax within 24 hours to: 1-858-521-8173 (all complaints will be handled confidentially and discreetly)



Child Enrichment Center
1950 Keene Road Building L
Richland, WA 99352
Phone: 509-420-3442
Fax: 858-521-8170
www.childenrichmentcenter.org

Exhibit D
Receipt of Notice of Privacy Practice

Client Name: _____ Date of Admission (today): _____

My signature on this form acknowledges that I have received Child Enrichment Notice of Privacy Practices. I understand that this document explains the ways that Child Enrichment Center may use or disclose my child's personal information and my child's rights with respect to my child's service information.

I have been provided with the opportunity to discuss any concerns about the privacy of my child's information Child Enrichment Center has during the provision of services.

Printed name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

For Child Enrichment Center Use Only

Was the client provided with copy of Child Enrichment Center Notice of Privacy Practice?

____ Yes _____ No

Briefly describe efforts made to obtain the client's acknowledgement of receipt of the Notice and explain why the client was not able not willing to sign this form:

Signature of admitting staff person

Date



Exhibit E

(Keep for your files to use when needed)

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. It is effective [enter date here], and applies to all protected health information contained in your health records maintained by us. We have the following duties regarding the maintenance, use, and disclosure of your health records:

1. We are required by law to maintain the privacy of the protected health information in your records and to provide you with this Notice of our legal duties and privacy practices with respect to that information.
2. We are required to abide by the terms of this Notice currently in effect.
3. We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and records that we have and continue to maintain.

All changes in this Notice will be prominently displayed and available at our office.

There are a number of situations in which we may use or disclose to other persons or entities your confidential health information. Certain uses and disclosures will require you to sign an acknowledgement that you received this Notice of Privacy Practices. These include treatment, payment, and health care operations. Any use or disclosure of your protected health information required for anything other than treatment, payment, or health care operations requires you to sign an Authorization. Certain disclosures that are required by law, or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

We will attempt in good faith to obtain your signed Acknowledgement that you received this Notice to use and disclose your confidential health information for the following purposes. Primary care physician, teachers, speech therapists, occupational therapists, para-educators, ...etc. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided Consent.

Treatment: We will use your health information to make decisions about the provision, coordination, or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your health information with another health care provider whom we need to consult with respect to your care. These are only examples of uses and disclosures of medical information for treatment purposes that may or may not be necessary in your case.

Payment: We may need to use or disclose information in your health record to obtain reimbursement from you, from your health-insurance carrier, or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services, or review of services for the purpose of reimbursement. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our system.



business planning and development operations, including improvements in our methods of operation and general administrative functions. We may also use the information in our overall compliance planning, healthcare review activities, and arranging for legal and auditing functions. There are certain circumstances under which we may use or disclose your health information without first obtaining your Acknowledgement or Authorization. Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings, and in the event of death. Specifically, we may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases, or HIV/AIDS status. We may also be required to report instances of suspected or documented abuse, neglect, or domestic violence. We are required to report to appropriate agencies and law-enforcement officials' information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so. We may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. [Delete if inapplicable:] You should be aware that we utilize an "open adjusting room" in which several people may be adjusted at the same time and in close proximity. We will try to speak quietly to you in a manner reasonably calculated to avoid disclosing your health information to others; however, complete privacy may not be possible in this setting. If you would prefer to be adjusted in a private room, please let us know and we will do our best to accommodate your wishes.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Communication Barriers and Emergencies: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we are required by law or as a matter of necessity to treat you, and we have attempted to obtain your consent but have been unable to obtain your consent, we may still use or disclose your protected health information to treat you. Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time.

In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental-health treatment, drug and alcohol abuse, HIV/AIDS or sexually transmitted diseases that may be contained in your health records. We likewise will not disclose your health-record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

You have certain rights regarding your health record information, as follows:

1. You may request that we restrict the uses and disclosures of your health record information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not



required to agree to the restriction; however, if we agree, we will comply with it, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.

2. You may request that we restrict the uses and disclosures of your health record information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.
3. You have a right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.
4. You have the right to inspect, copy, and request amendments to you health records. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information.
5. All requests for inspection, copying, and/or amending information in your health records, and all requests related to your rights under this Notice, must be made in writing and addressed to the Privacy Officer at our address. We will respond to your request in a timely fashion.
6. You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment, healthcare operations, disclosures that require an Authorization, disclosure incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any twelve-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same twelve-month period.
7. If this notice was initially provided to you electronically, you have the right to obtain a paper copy of this notice for your personal records.

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of complaints to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints at the government's web site, <http://www.hhs.gov/ocr/hipaa>.³

All questions concerning this Notice or requests made pursuant to it should be addressed to PRIVACY OFFICER, 1950 Keene Rd, Building L, Richland, WA 99352.

(Keep for your files to use when needed)



**CONSENT TO
RELEASE AND OBTAIN INFORMATION**

This consent form is designed to allow us to exchange information with other health care providers involved in the client's care. This will allow us to either obtain relevant records to help us provide thorough and complete care to the client and/or allow us to share records with other providers in order to coordinate care.

CLIENT INFORMATION:

Client's Name: _____ DOB: _____ Telephone #: _____

Services Pursued at Child Enrichment Center: _____

SIGNATURE:

By signing, I acknowledge that I have read and agree to all the conditions specified in this consent form. I acknowledge the permission I have given Child Enrichment Center to release, obtain or exchange information with the specified providers (listed on the following page(s)).

Printed Name

Relationship to Client

Signature (Parent/Legal Guardian)

Date

Signature of Client (if client 13 years or older)

Date

AUTHORIZATION FOR THE Child Enrichment Center TO DISCLOSE PROTECTED HEALTH INFORMATION

POTENTIAL FOR REDISCLOSURE: Once disclosed, the law does not always require the recipient of your information to maintain the confidentiality of your health care information.

REVOCAION: I understand that I may revoke this authorization by submitting the revocation request in writing to the Child Enrichment Center Privacy Office, 1950 Keene Rd, Building L, Richland, WA 99352, at any time. Any revocation will not be effective to the extent that action has already been taken based on the original authorization, or where the Child Enrichment Center requires the information in order to be paid for treatment provided to me.

I understand that I have the following rights: a) To inspect or to receive a copy of my protected health information, b) To receive a copy of this signed authorization and c) To refuse to sign this authorization

Authorization to Disclose Information

FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2.

- Benefits – Appropriate sharing of necessary information important for services
- Risks – Loss of confidentiality
- Alternatives – Consumer coordination between agencies

For the person(s) providing consent:

- This consent was made freely, voluntarily and without coercion
- I was able to ask questions and receive answers about this release
- I hereby authorize releasing and obtaining the information as specified above and further understand: Those who receive this information cannot disclose it to others, unless permitted by state law



**CONSENT TO
RELEASE AND OBTAIN INFORMATION**

The purpose of this disclosure is: Coordination of Care At Request of Client
 Other: _____

This Authorization Expires: One year from today (____) Date: _____

Note: If no expiration date is listed above, this authorization is valid for three years from the date on which it is signed.

**OUTSIDE PROVIDER
CONTACT INFORMATION**

Name: _____ Organization: _____
Address: _____
Phone Number: _____ Fax Number: _____ Email: _____

INFORMATION AUTHORIZED TO RELEASE:

This section specifies what information the Child Enrichment Center can give to the outside provider listed above

Information that can be disclosed to the above provider: (please check all boxes that may apply)

- Treatment Summary Progress Notes Psychological Testing
 Verbal Disclosure of Information Other: _____ Evaluation Report

I understand that the information in the client's health record may include sensitive information regarding medical history and behavioral or mental health services and treatment.

_____ By initialing, I give to Child Enrichment Center permission to release the above information to the outside provider.

INFORMATION AUTHORIZED TO OBTAIN:

This section specifies what information Child Enrichment Center can get from the specified

Information that can be obtained from the above provider: (please check all boxes that may apply)

- Treatment Summary Progress Notes Psychological Testing
 Verbal Disclosure of Information Other: _____ Evaluation Report

I understand that the information in the client's health record may include sensitive information regarding medical history and behavioral or mental health services and treatment.

_____ By initialing, I give the Child Enrichment Center permission to obtain the above information from the outside provider.