



Nice Speech Lady

Nice Speech Lady LLC

409 N. California Street Socorro, NM 87801

505-907-1902 (phone) 1-833-448-2997 (fax)

Date: _____

Child's Name: _____ DOB: _____ Age: _____

GENERAL PEDIATRIC INTAKE

Your name: _____

Your relationship to your child's: (legal guardians, please bring documents): _____

Address: _____

Address on record with insurance: _____

Phone numbers: _____

Your email: _____

Alternate contact person/info: _____

Preference for checking-in for visits: SMARTPHONE EMAIL PAPER

Other contacts to have on record, and phone numbers/emails: _____

How did you find out about us: _____

Why was your child referred for a speech evaluation? (please circle all possibly at-play)

TROUBLE USING WORDS

"LATE TALKER"

SPEECH SOUNDS/ANNUNCIATION

NONVERBAL

LIMITED COMMUNICATION

SOCIAL SKILL DIFFICULTIES

STUTTERING

REFERRED BY A SPECIALIST

SWALLOWING

DIFFICULTY UNDERSTANDING THEIR SPEECH

DIFFICULTY UNDERSTANDING WHEN OTHERS SPEAK TO THEM

READING SKILLS BEING IMPACTED BY SPEECH DELAY

NOT SURE

Other areas (please list all concerns):

Your ideas on why your child is having this challenge (your insights are valuable):

To avoid challenges during testing:

- What could the clinician do, to help:



- What could the clinician avoid doing, to help:
- Are there any support needs that require a conversation in private with the clinician and parent, before we start? Describe:

Past medical history/major diagnoses:

Who does the patient primarily live with?

History of previous SLP services:

Please explain: the previous focus –

Previous types of tasks that were helpful –

Previous results –

The length of time in therapy (number of months/years) –

The frequency (how many times a week) –

Reason services were stopped/another provider considered:

Siblings:

How many/other family information:

Primary language at home?

Other languages in the patient's circle, and extent:

Biggest concern/need, "in a nut-shell":

Has your child been evaluated by other professionals (occupational therapist, physical therapist, psychologist, medical specialists such as psychiatry, ENT, GI, neurology, etc.)?

Yes

No

Details/concerns:



Does your child have a swallowing problem?

If so, describe:

Strengths for swallowing:

Areas that are of concern in swallowing:

Does your child have oral aversion? Describe, please.

Please describe past feeding or swallowing history.

Please describe what needs to be addressed for swallowing:

Video swallow history/results:

Does your child stutter?

If so – please write out the words they tend to stutter upon:

If so, how severe is it? NONE, VERY OCCASIONAL, MILD, MILD-MODERATE, MODERATE, SEVERE, PROFOUND.

Does your child only stutter in certain types of situations?

Does stuttering run in your family's genetic line?

Any behaviors associated with the stuttering?

Please describe the pregnancy and birth processes (including any complications, etc.):

Other:

Please list the details, if your child has been diagnosed with any medical conditions.

Please list any accidents, illnesses, surgeries, or other factors.

Please list any suspected conditions that have not been diagnosed.

Has your child had ear infections? If so, how many?



Please list any medications your child currently takes, or has a history of taking.

How much of your child's speech do you understand?

From a 0% to 100% range, in general (please circle):

0% 10% 20% 40% 50% 60% 70% 80% 90% 100%

What is the most prominent issue you see in understanding their speech articulation?

How much of your child's speech do others understand?

From a 0% to 100% range, in general (please circle):

0% 10% 20% 40% 50% 60% 70% 80% 90% 100%

What is the most prominent statement you hear from others about understanding your child's speech articulation?

Please describe your child's communication skills:

Date of last physical examination by their doctor or provider:

Details:

Date of last vision screening or full vision evaluation (circle one, please)

Results:

Date of last hearing screening or full audiological evaluation (circle one, please)

Results:

School info:

Name/Address:

Grade currently in:

School challenges that you observe:

Positives the school is implementing:

Your child's strengths at school:

Did your child attend Pre-K?



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Speech or other services presently offered in school:

If your child is in school, are there any concerns about academic performance (e.g., reading, writing, different subject areas)?

Yes Maybe No

Other details:

How does your child feel about school?

Please describe current reading/writing skills:

Age your child began to:

Sit:

Walk:

Run:

Age for speaking a first word:

Age of starting to put words together:

Start using sentences:

Other comments about development, thus far:

How does your child operate at school (strengths/challenges):

Does your child demonstrate frustration when not understood? Yes No (please circle)

If yes –

Frustration is displayed on a 1-10 scale with 10 “being the most frustration possible”:
(please circle)

1 2 3 4 5 6 7 8 9 10

How often this tends to occur:

Other details:

Does your child engage in communication with their face in your general face’s direction?

Yes

Sometimes

No

Please describe the importance of the direction of face communication in your family culture:



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When given choices, does your child prefer to play ... (circle one)

Alone Others Combination Other Details:

Your own goals for your child/expectations:

In general, I would like my child – within 3 months, to: _____

In general, I would like my child – within 1 year, to: _____

Specific to speech concerns, I would like my child – within 3 months, to: _____

Specific to speech concerns, I would like my child – within 1 year, to: _____

Positives currently in place that will help your child achieve goals (please be specific):

Requests in how the therapy could be conducted (to support making the experience effective for your child/the home environment)?

Your child’s favorite activities, subjects, and interests?

What questions do you have? _____

Preference for treatment (circle) In-person Virtual Combination

If choosing combination, do you desire:

Evaluation in person but follow-up visits being virtual.

Evaluation in person and half of the visit being virtual/half in-person.

Other: _____

Your willingness for home practice tasks (circle) None Low Medium High

Preference for home practice tasks (circle) paper documents videos other: _____

Preference for frequency of visits for treatment: _____

Anything else to add: _____

Signature

date

(Form updated on 10-6-23)



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505-907-1902 (phone) 1-833-448-2997 (fax)

Date: _____

Child's Name: _____ DOB: _____ Age: _____

PEDIATRIC DEEPER COMMUNICATION QUESTIONNAIRE (VERY YOUNG)

Your name: _____

Your relationship to your child: _____ (Legal guardians, please bring documents):

When at home, the child spends most of the time with: _____ (role).

Also, _____ of the time is spent with _____ (role)

_____ of the time is spent with _____ (role)

When saying words, my child says these categories the most (please list all details):

• Clothes: _____

• Food: _____

• Names: _____

• Toys/animals: _____



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- Parts of the body: _____

- Greetings/Farewells: _____

- General “catch phrases”: _____

Please fill out the details on your child’s ability to:

- Copy speech sounds: _____
- Says words of parents, other family: _____
- Points to parts of the body, if asked: _____
- Turns and looks at sounds of others: _____
- Use any gestures to communicate: _____
- Says any common words (“shoe” or “drink”): _____
- Play with toys: _____
- Say speech clearly, when produced (understandable): _____

- Follow simple, every day directions, such as “come here,” etc. _____



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- Sounds that are produced which are typically developed earlier: /m, d, n, t/: _____

- Sounds that are produced which are typically developed later: /g, k, s/:

- Ability to produced sounds, when desired, smoothly: _____

- Put words together in phrases which are expected (“goodbye, let’s go”) _____

- Put words together in other phrases (“blue car,” etc.) _____

- Focus and engage, as age-appropriate: _____

- Keep using words or other communication skills that are learned: _____

My child has the following siblings: _____

Other family dynamics: _____



Most of the day is spent with the following on weekdays:

_____ (family member) _____ hours/day

Most of the day is spent with the following on weekdays:

_____ (other caregiver) _____ hours/day

_____ (other _____) _____ hours/day

Most of the day is spent with the following on weekends:

_____ (family member) _____ hours/day

_____ (other caregiver) _____ hours/day

_____ (other _____) _____ hours/day

Other: _____

When at home, my child usually spends time performing:

_____ traditional/non-electronic toys (alone)
Of this time, _____ weekdays; _____ weekends.

_____ traditional/non-electronic toys (with others)
Of this time, _____ weekdays; _____ weekends.

_____ electronics use (TV, ipads, electronic games), alone
Of this time, _____ weekdays; _____ weekends.

_____ electronics use (TV, ipads, electronic games), with others
Of this time, _____ weekdays; _____ weekends.

_____ Looks at books, alone
Of this time, _____ weekdays; _____ weekends.

_____ Listening to out-loud reading, with others
Of this time, _____ weekdays; _____ weekends.



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Languages spoke to my child include:

(please circle the environment/environments, list the percentage if it differs, add any other notes)

English: home school community other/family _____

Spanish: home school community other/family _____

Other: home school community other/family _____

Other: home daycare/school community other family other

Anything else to add: _____

Signature

(Form updated on 3-7-24)

date



Hello! Welcome to Nice Speech Lady!

Consent Forms: You or your family member is here for a speech evaluation & may include: articulation, language, cognition and/or swallowing, or related concerns.

Please provide to the SLP:

- ***The patient's insurance card.***
- ***Your identification/driver's license.***
- ***Please be ready to state your:***
 - *needs,*
 - *goals, and*
 - *areas of concern.*

Please also update Nice Speech Lady if there are ever:

- Updates to
 - Insurance statuses
 - phone numbers
 - emails
 - physical or mailing addresses with insurance

Please also know if you have a patient-responsibility co-pay, please check your email, as you have been sent the invoice, it will be required to be paid at the time of the visit. Please let clinic staff know if you need to discuss this, thank you.

Nice Speech Lady LLC (DBA Nice Speech Lady PLLC in NC)



715 N. California Street, Suita A Socorro, NM 87801
505-907-1902 (phone) 1-833-464-5172 (fax)

Name: _____ DOB: _____

Agreements/Consent List:

- CONSENT FOR BENEFITS DETERMINATION
- CONSENT FOR CREDIT CARD AUTHORIZATION
- “ARRIVING FOR VISITS/SAYING WHEN YOU NEED TO CANCEL” POLICY (REASON FOR DISCHARGE)
- NICE SPEECH LADY LLC CLINIC PROCEDURES (GENERAL, PATIENT RIGHTS & RESPONSIBILITIES)
- FINANCIAL AND OTHER INFORMATION
- INTERVENTIONS OF THE PRACTICE FOR TRAUMA-INFORMED CARE
- CLINIC INTERVENTIONS OF THE PRACTICE FOR TRAUMA-INFORMED CARE
- NOTICE OF PRIVACY PRACTICES
- CONCERNING COVERAGE OF TELE-PRACTICE BY MEDICARE, AND OTHER RELATED PAYERS
- CONSENT FOR TELEHEALTH CONSULTATION & CONSENT TO USE THE TELEHEALTH BY ATHENA (OPTIONAL/INITIAL)
- CONSENT FOR IMAGES AND/OR RECORDINGS (OPTIONAL/INITIAL)
- CONSENT FOR AMBIENT LISTENING TECHNOLOGY (SUNOH)
- SIGNATURE

CONSENT FOR BENEFITS DETERMINATION —(please remember to bring your medical insurance card to the visit, or upload it through the portal)

1. I understand I am giving consent to having benefits determined for speech pathology services.
2. I understand that to do so, I will provide a copy of the medical card. I will do so via communications at the clinic or via the Nice Speech Lady portal.
3. I understand that I have been given the “<https://www.cms.gov/nosurprises>” website in order to read more about the “good faith estimate” that will be provided.
4. After the time is allowed for benefit determination, the “next step” would be new patient paperwork through the portal, or the scheduling of the evaluation visit for in-person visits (new patient paperwork given at that time).
5. I will provide, at the time of the evaluation:
 1. any instrumental results (modified barium swallow studies/videofluoroscopy, video swallow or fiberoptic endoscopy evaluation of the swallow, also called “FEES”);
 2. esophagram (“full barium study”) results;
 3. Individual Education Program (IEP) or other special education paperwork or information;
 4. paperwork from related specialties (ENT, neurology, GI, PT, OT or other providers);
 5. any other related paperwork.



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6. I understand it is requested that I speak to Nice Speech Lady LLC about this if there are questions about the requested paperwork, if applicable.
7. I will inform Nice Speech Lady LLC of the need to cancel the evaluation visit 24 hours in advance. Not fulfilling this commitment may result in difficulty with prompt availability of a new appointment time.

CONSENT FOR CREDIT CARD AUTHORIZATION

By your signature on this form, you authorize charges to your credit card through Nice Speech Lady's portal, Athena Health, or a similar system for services rendered. All insurance will be applied prior to Nice Speech Lady pursuing payment to you personally. These charges will appear on your bank/credit card statement as Nice Speech Lady, LLC. You will receive emails with invoices for payment. You have the right to request a paper copy of paid invoices. I authorize Nice Speech Lady, LLC to charge my credit card through Athena, the clinic's electronic medical record system. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Nice Speech Lady, LLC in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of the credit card that will be utilized with Athena or similar EMR in invoices sent by Nice Speech Lady, LLC — and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information. I also understand that if I do not have a secondary payor source or Medicaid -- then co-pays will be due upon each visit, if specific to your commercial or government plan.

"ARRIVING FOR VISITS/SAYING WHEN YOU NEED TO CANCEL" POLICY (REASONS FOR DISCHARGE)

We are a team, and as team members – we must work together (a big part of that is attendance). We understand that emergencies occur; however -- as much as possible -- all visits that cannot be attended need to be canceled prior to 24 hours of the start time.

- **"Missing a visit without word" visits are when visits are scheduled but no one arrives or notifies the clinic** (what some clinics call "no-showing").
- **"Same-day cancellations" are when the clinic does not receive word of a cancellation within 24 hours.** In tallying the non-notice before 24 hours occurrences, a "same-day cancellations" will tally the same as a "Missing a visit without notice," as it impacts the clinic in the same manner.

If a "missing a visit without word" visit or a "same-day cancellations" occurs (not giving a full 24-hours notice), it is unfortunately not likely that Nice Speech Lady LLC can reschedule the visit for another patient. This directly impacts the business, as the clinic is anticipating your arrival, financially. While the clinic would love to be in a position to be a philanthropic organization, the clinic is not a non-profit. There are not any IRS or state tax benefits with a business as such with a non-profit. Therefore, your non-arrival for visits (no-shows), or due to same-day cancellations -- if an urgent or emergency situation occurs and you have to notify the clinic the same-day, this unfortunately impacts the bottom dollar of the clinic's ability to remain financially able to meet the needs of the community, as intended and desired. Please have a back-up plan for if emergencies occur with another family member, in the event you or your family member require assistance in order to avoid a "same-day cancellation" or "missing a



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visit without 24 hours notice” occurrences. As there are patients waiting for slots to be seen in a standing appointment, it is important for the clinic to be a good steward of all resources, including available slots for patients.

All patients are asked to arrive 15 minutes before the scheduled time for check-in procedures. For example, if your “visit start time” is 1:15 p.m., we ask that you will arrive by 1 p.m. for all check-in duties (also to use the restroom). This way, you will be ready at the visit start time. Then, the SLP will invite you back to the treatment room when the room and therapist is ready. Occasionally, there may be urgent clinic issues which impact the exact start time, so please be understanding of this. If the visit starts late, the minimum amount of time for treatment or the evaluation will occur, and other visit times modified.

We do understand that on very rare occasions, illnesses/emergencies may require a last-minute notification. Attendance when sick is not encouraged by Nice Speech Lady LLC, in any capacity. If your minor child does not go to school or daycare due to illness, or you as an adult would not attend work due to an illness – please call to cancel visits as soon as you know you are ill. If the patient is able to participate virtually, this could be considered as an option, if clinically appropriate and due to payer limitations, to avoid a same-day cancellation. Please consider the option so to avoid having to cancel, if possible.

The “same time/same day” standing appointment model for appointments is utilized at Nice Speech Lady. Please notify the clinician if you request a certain timeframe and your request will be added to the waiting list. Afternoon visits are reserved for school-age children, primarily – please be considerate of this if you are not in this population.

If a visit is missed by the patient for a non-sickness reason, we ask that all attempts will be made by the patient/patient’s family to accept makeup times offered by the clinic, for that same treatment week. Nice Speech Lady LLC will make all attempts with work with you to offer makeup times the same week, if possible, all factors considered.

Reason for discharge due to not being able to follow the “Arriving for Visits/Saying When You Need to Cancel” Policy

- *Three instances of any combination of “missing without word” or “same-day cancellation visits” may lead to visits being discontinued from speech services.*
- *Exceptions to this are made by the covering clinical staff or owner -- based on all factors at play, including how well the family communicates usually about visits, patient need as well as the situations which led to the tally of three. Nice Speech Lady asks that you do all you can to cancel visits within 24 hours, and there are no tallies if this occurs. **Please provide Nice Speech Lady the courtesy of cancelling 24 hours in advance of scheduled visits.***
- *If the patient is discharged due to this, if the patient/family desire for services to begin again at a later date, the clinic is open to the discussion of starting services again with a new referral from the medical provider. However, all new patient paperwork will need to be signed again, with a new evaluation. The current clinic “Arriving for Visits/Saying When You Need to Cancel” Policy at the time of the new evaluation will continue to apply.*
- *“Bad” or “good” not really having any factor here, Nice Speech Lady does not label families in a judgment manner if at this time – attending visits according to the Attendance Guidelines are not possible. Nice Speech Lady contributes to the culture that everyone is doing their most*



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effective, “doing their best,” based on the situation and factors sometimes that are outside of a patient’s or family’s control. Sometimes families have to prioritize lots of different factors. and if Nice Speech Lady’s business services get the short-end of available time in the week – as a general pattern (not including emergencies). If a general trend exists that there are a tallying of same-day cancellations it is likely not beneficial timing to continue with services — for everyone’s sake. Consistent attendance is a hallmark of improved outcomes. While speech access and consistent attendance is important to Nice Speech Lady, we also recognize that oftentimes, other factors need to take precedence, and we welcome you back if and when factors are addressed so that attending can be a priority the patient’s schedule/week. This may seem like a rigid policy, but the entire community is served, and another time may be needed so to be able to invest the time needed for full participation, and we ask that you keep this in mind as you make back-up plans and prepare your week os visits and other commitments, thanks.

We have reserved these times to care for you. If your personal or work schedule might affect your ability to keep an appointment, please let the clinician know that now is not the right time for you to make the commitment to SLP services. At any point, any patient can be placed on the waiting list for a specific time that would work more effective, all things considered.

If you arrive late to the visit, even if you inform the clinician at the time of the visit or in advance, the scheduled end time for your visit remains the same. As a general rule, for follow-up visits, minors receive 30 minutes of treatment from the scheduled start time and adults 45 minutes from the scheduled start time.

NICE SPEECH LADY LLC CLINIC PROCEDURES (GENERAL, PATIENT RIGHTS/RESPONSIBILITIES)

Nice Speech Lady LLC’s hope is to provide consistent care to you or your family member. Not following the clinic guidelines may result in you or your family member not making the progress as intended.

As a general rule, patients discharging from the hospital, skilled nursing facilities and home health settings are scheduled as priority referrals.

Patient and legal status caregivers (power of attorneys and guardians) have a right to follow -- or choose to not follow a recommendation made by staff. When recommendations are not accepted or acted on by patients and legal representatives for any reason, Nice Speech Lady LLC is not liable for any undesirable outcomes, or lack of desired positive results.

All clinic staff are mandated reporters of suspected abuse or neglect of any individuals to the authorities, such as Child Protective Services and Adult Protective Services.

None of the clinic staff agree to any “secret agreements” between clinicians and patients/family members, other providers, etc. Nice Speech Lady values authenticity and honesty in communications on the part of the staff at Nice Speech Lady LLC and for effectiveness, we ask that all patients and caregivers come to the therapy table with the same. Not allowing this places clinicians and other staff in ethical dilemmas, and to avoid that, we ask that there be “secret agreements.”

We ask that cellular devices or phones be silenced during visits -- or preferably turned off. If patients or caregivers are waiting for an emergency or urgent call, it is asked that they reschedule the visit. Having



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the phone on, but silenced, so that technology can be used for scheduling purposes is acceptable, or if a returned call is needed for clinical purposes. However, as a general rule, please invest undivided attention during the visits so to allow for the most effective session, and to allow for communication to be fully understood as much as possible, please.

Children are to be accompanied by an adult caregiver at all times who is not Nice Speech Lady LLC staff. Minors who are not in the clinic for a visit are not to arrive to the clinic, unless special permission is received in advance. If there is no childcare, the patient/caregivers will inform Nice Speech Lady LLC and reschedule the visit, as much as possible, to avoid distractions.

Family members agree to not provide hints to patients during standardized testing, so to allow for measures to be conducted as intended. This does not apply when a case history is being pursued.

Prior to the first date of testing, if family members or caregivers desire to disclose information to the therapist for the benefit of effective testing, Nice Speech Lady LLC asks that staff be notified, in advance of taking the patients back, so that accommodations can be made.

Due to Nice Speech Lady practice having limited staff and availability, the practice asks that patients, families and caregivers plan for 7 calendar days for processing for release of information requests in writing -- outside of visit time workflows and typical clinician-directed offerings/ROI processes.

The desired communication method is the portal, as it is encrypted. If text messaging outside of the portal/app is utilized for any reason, Nice Speech Lady asks that only general terms be used and no patient data, and only on a limited basis. Nice Speech Lady may send a text, for example, to say that a portal message has been sent and is asking that you login to read the specifics. If you need to reach the clinic between visits -- and cannot use the portal -- and if patient data needs to be shared, please call on the phone to 505-907-1902, and leave a message rather than texting. It is likely due to the clinician's full schedule and due to clinic support staff perhaps not being available -- that you will need to leave a voicemail. Being as specific as possible is preferred in this instance. Visual communications are copied and pasted into the electronic medical record verbatim -- and the SLP does not repair typos in visual communications to the clinic via electronic means, so please keep this in mind in the event of records are utilized in the legal realm. We ask that you provide ample time if needing to hear back from the clinic due to the full schedule of the clinician and not currently employing full-time staff designated for answering phone calls.

Communicated contact precautions or mask requirements, including required paperwork for screenings, is required.

Please provide a list of providers you currently receive services from. If in the future, new providers are added, please keep Nice Speech Lady LLC updated. An investigation may be needed if a provider appears to be delivering a similar service, so please provide any new information about your care that is provided outside of Nice Speech Lady LLC. If it appears duplication of CPT/billing codes would be used, then Nice Speech Lady LLC will inform you -- and services at Nice Speech Lady LLC may need to be discharged if there would be a billing/duplication conflict.

Portal Information/notices of billing:



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- If you have a traditional Medicare plan, please confirm by calling Medicare to communicate the name of your secondary policy. Nice Speech Lady LLC cannot send claims to secondary plans if traditional plans are Medicare or if a patient has a Dual-Plus plan, as the way this occurs is through Medicare sending it directly to the secondary from Medicare, and Nice Speech Lady cannot inform Medicare, it has to be communicated by the patient or POA/guardian/patient representative, unfortunately.
- If a patient has Medicaid as a secondary plan with any type of commercial or government primary plan, if a Medicaid claim is denied in the Athena electronic medical record clearinghouse (way the practice is alerted if the claim is paid), there is no way to avoid the Medicaid patient receiving a bill, so please expect this if there is a glitch or need for updated coding. Please alert the practice so that the billing staff can update this. We apologize there is no workaround on this, and while patients are not expected to pay if they have Medicaid as a secondary plan, the practice has no way to setup a different mechanism, so please understand this and notify us – so we can get claims re-processed. As patients with Medicaid would not be expected by law to pay, you might get a claim so please reach out ASAP so that the practice can address it. Nice Speech Lady also will communicate if all efforts are taken to have Medicaid reimburse for your visits, and if there is no other recourse, the practice will inform you that services will need to come to an end.
- Please be aware that by law, Nice Speech Lady cannot privately bill patients who have any version of Medicaid, as a primary or secondary – as a current plan at the time of services.

For virtual visits/telepractice:

- “Tech-checks” are standard processes prior to scheduling in-person or virtual evaluations when virtual treatments are planned. Insurance will need to cover virtual visits to proceed and patients need to be clinically appropriate for virtual visits.
- It is requested that all attempts will be made to perform, in person, first visits for planned virtual treatments. It is up to the clinical judgment of the evaluating clinician if it is waived.
- For persons under the age of 18, or for those with intellectual disabilities as adults, telepractice visits require a parent, other family member or other adult identified by the parent/guardian be present, at all times for the entirety of the visit.
- Not all payers reimburse for telemedicine at the time of the signing of this consent, so please ask your clinician if virtual visits would be an option. We do ask that everyone proceed with signing the consents for virtual in the event your policy’s stance on virtual access is updated. That way, re-signing the consent would not be required if you request a virtual visit or circumstances change that would lead to the conversation of it being an available option, at the time of the need.
- Not all patients will be clinically appropriate for virtual visits, per state licensure laws. For appropriateness, the quality and experiences of services need to equal the clinical quality of what would be provided in-person. As patients progress and grow, patients may not meet this criteria at the start of care but this may alter over time. At the time of the desired/intended virtual visit, if pursued, it is the clinician’s ethical and legal responsibility to make sure the quality of services meets the standard, for both children and adults, of what would be provided in-person, and if this cannot be obtained, then a discussion will occur about this.

Rights of patients/caregivers – you have a right to:

- Have all clinic procedures being spelled out to you. There may be updates from time to time.
- Have a right to receive services. Please follow clinic procedures.



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- Have a right to be treated with dignity and respect.
- Have a right to ask for what you need and the clinic will hear your requests. All requests that are required by law will be fulfilled. For requests not guaranteed by law, the clinic will hear and value your need and accommodate, if possible.
- Have a right to a “good faith estimate” in writing when insurance information is provided.
- Have a clinician assigned to you who has demonstrated competency in the major area which is communicated during the telephone intake process. If the clinic does not have the equipment, training conducted or personnel who you’re your SLP area of need, you will be referred to a provider who can address your needs.
- To request interpreter services if your first language was not English, and/or if English is not one of your current fluent languages, or if you request it for any reason. For a history of exposure/use of more than one primary language, what is required by law for accommodation will be fulfilled.
- Have home program tasks tailored as much as possible to your individual desires, needs, and other responsibilities.
- Have tasks in visits tailored as much as possible to your individual areas of interest and desires for the focus of therapy.
- Tell staff about your cultural accommodation needs.
- Tell staff about your needs for support accommodations for any disabilities or neuro-divergent/difference factors that are present.
- Be aware that follow-up treatment visits for pediatrics are scheduled for 30-minute sessions, and 45 minutes for adults, moving forward.

Responsibilities of patients/caregivers – “How it Works.” You have a responsibility to:

- Treat all clinic staff or others you come into contact with at the clinic with dignity and respect; this includes adhering to the attendance policy.
- Focus on all check-in procedures prior to the scheduled visit time -- in the waiting area.
- Use the waiting room following your check-in. Restroom-seeking access, however – is always available.
- Give the clinician up-to-date communication with providers on any related medical or other issues.
- Tell clinic staff if you require support accommodations.
- Pay any patient responsibility co-pays, if applicable, prior to the visit starting during check-in time.
- Notify clinic staff if you desire services to be discharged or ended at the initiation of your decision at least 24 hours prior the scheduled visit.
- Understand that the clinician and you are a team, and that the following are important:
 - Perform home practice tasks between visits.
 - Following the clinician’s lead in structured therapy tasks.
- Notify the clinic of any information changes, such as phone number, insurance, address, etc.
- **Notify your primary care provider of any significant changes in your health.**

FINANCIAL AND OTHER INFORMATION

- By your signature of this form, you authorize that:
- — you authorize a \$25 returned check/charge if you have insufficient funds for copays (if applicable, as not all payors require co-pays or co-insurance).



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- — you understand there is a \$25 fee after the second no-show of appointments -- if there is no policy against this with your medical insurance payor.
- — you understand that there is an attendance requirement to participate in visits. If there is a habitual pattern of cancellations, no-shows, or other related issues as determined by Nice Speech Lady LLC — Nice Speech Lady LLC may discharge you/your family member from care if there is a concern about attending visits. Providers will be notified of concerns, as attendance is vital to progress. Grace will be extended for extenuating circumstances; the pattern or trend of non-commitment to visits will lead to discharge. It is important to keep appointments and notify Nice Speech Lady LLC as soon as possible if a visit needs to be canceled, and care needs to be taken to make up visits within the same week, if possible.
- — Copies of any paperwork other than the initial evaluation or discharge summary is \$10 per simple bundles. For more complex bundles, \$25 will be charged. (if there is no policy against this with your medical insurance payor)
- — If you have an insurance that Nice Speech Lady LLC does not contract with, the ABN (“Advance Beneficial Notice of Non-Coverage”) may be required to be signed in the case of a Medicare Advantage plan, etc., in order to ensure communications about private pay responsibility of the patient in the event of a denial. Also, in the case of insurances that Nice Speech Lady LLC is currently contracted with – if the patient has received services and the clinician feels insurance will not pay for future visits and the patient or family desires to pursue further treatment – may also require an ABN signature in order to proceed with further visits.

CLINIC INTERVENTIONS OF THE PRACTICE FOR TRAUMA-INFORMED CARE

- Nice Speech Lady LLC requires that all clinical and non-clinical staff be trained in trauma-informed care.
- When clinical or non-clinical staff call on following-up on referrals, when asking for the reason for the visit, Nice Speech Lady LLC staff will ask: “Is the reason for your visit for an exam or a discussion?” and follow the lead of the patient or family member/guardian.
- For families who report a history of trauma or are suspected to have experienced trauma, it is up to the clinician’s discretion in how to apply the applying the “Arriving for Visits and Saying When you Need to Cancel” Clinic Policy, and/or interventions may be utilized to assist the patient/family.
- In being trauma-informed, the clinic utilizes language such as: “Missing a visit without word” language rather than “no show” word choices.
- The use of grounding techniques may be an approach to assist patients or family members who have a history of trauma, or are suspected to have a history – for the purpose of allowing speech services to be continued.
- As needed, and if clinically appropriate, the SLP will setup a non-billable follow-up visit with the caregiver in order to discuss results – it would be best, considering the trauma events that had occurred with the patient, so that the SLP can speak freely about deficits which were found during testing – and it not be a sharing task that will be harmful to the patient in any capacity. These complimentary followup (un-billable) visits will likely be about 30 minutes, and are usually decided upon at the conclusion of testing, all factors considered.



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NOTICE OF PRIVACY PRACTICES

This notice describes how health information may be used/disclosed, and how you can get access to this information. Please review it carefully.

I. Nice Speech Lady's Pledge on Health Information:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. How I May Use and Disclose Health Information About You:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the health care provider in the diagnosis and treatment of your condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a



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subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. Certain Uses/Disclosures Require Your Authorization:

1. Session Notes: I do keep “Session notes” and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising associates to help them improve their clinical skills.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the session notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a health care provider, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a health care provider, I will not sell your PHI in the regular course of my business.

IV. Certain uses and Disclosures Do Not Require Your Authorization.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.



6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. Certain Uses/Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. You Have the Following Right with Respect to Your Private Health Information:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "session notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than



one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgment of Receipt of Privacy Notice: Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

CONCERNING COVERAGE OF TELE-PRACTICE BY MEDICARE, AND OTHER RELATED PAYERS

- The signer of this document indicates the following:
- — At this time, tele-practice has been sanctioned as being covered as a service by Medicare and other payers due to extensions from the public health emergency that was COVID-19. To date, the extension is only until December 31, 2024.
- — It is unknown how long Medicare and other payers who follow CMS Guidelines will continue to allow tele-practice to be covered as a service-delivery model, although there is a movement for support of legislation for support of permanent coverage of tele-practice coverage.
- -- You will be informed if telepractice is no longer a covered benefit as a service delivery model, at any point. We encourage you if you want to have telepractice options available to you, to notify the policymakers in your area to ask that there be a permanent decision by CMS to allow for eligibility for clinically-appropriate telepractice patient visits.
- -- Not all patients will be clinically appropriate for telepractice access, even if a covered benefit by insurance.
- -- Communicate with the SLP if you highly desire telepractice coverage if at first evaluation is not deemed a clinically-appropriate service delivery model due to clinical needs, presentation, and other factors.

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my healthcare provider may wish for me to have the option to engage in telehealth consultation in some aspect of the delivery of services, as an option available to me, if clinically appropriate.
2. I have had explained to me by my health care provider how the video conferencing technology that will be used to affect such a consultation, and that it will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider (if I consent and if it has been recommended to me as a clinical option).



3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that I have the opportunity to have a direct conversation with my provider, where I can ask questions in regarding virtual visits. I understand that to proceed with this option, I will need to ask questions about it, and have my questions answered and the risks, benefits, and any practical alternatives discussed with me in a language that I understand.

CONSENT TO USE THE TELEHEALTH BY ATHENA

Telehealth by Athena is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by Athena is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither Athena nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. Athena facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
5. Minors or adults with intellectual disabilities will be accompanied by a parent, guardian, or equivalent in the same room at all times, via telehealth visits. Or, if requested by the clinician for any reason.

On Initialing for Consent for Virtual Visits/Telepractice (This is one of the optional portions of the consent. We ask that you only initial if you consent to a virtual component to your care:)

_____ I consent to virtual visits (optional, but encouraged)

CONSENT FOR IMAGES AND/OR RECORDINGS

1. I understand that there may be a clinical need for audio recordings, video recordings or photographs – for clinical purposes.
2. I realize I am being informed that the indication for any recordings or photographs would only be for clinical reasons. This data would only be placed in the record for reasons to document deficits, areas for improvement, and direct patient care.
3. (This is one of the optional portions of the consent. We ask that you only initial if you consent to each type of media:)



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I consent to each (please initial for each type of media):

_____ audio recordings, for clinical documenting purposes (optional, but encouraged)

_____ video recordings, for clinical documenting purposes (optional, but encouraged)

_____ photographs, for clinical documenting purposes (optional, but encouraged)

CONSENT FOR AMBIENT LISTENING TECHNOLOGY (SUNOH)

CONSENT FOR FACILITATED DOCUMENTATION/AMBIENT LISTENING

Hello! in order to give you the best care and attention, Nice Speech Lady providers will be using a service that transcribes speaking trends and data -- for technology-assisted documentation facilitation.

It is called Sunoh, and it is Hindi for "listening." It will be our scribing service.

This tool allows for Nice Speech Lady clinicians to perform less time typing after the visits, and more time seeing patients. If you don't consent for Nice Speech Lady practitioners to use it, just let your clinician know, and Nice Speech Lady will turn it off.

The technology allows Nice Speech Lady clinicians to not have to type as much, not write down as many notes, it is only for speeding up/making more efficient the clinician's necessary time in documenting your encounter/services.

Common questions/answers on ambient listening technology:

How accurate is the AI-generated summary of our conversation?

Sunoh's AI-generated summaries use words which are captured in the visit and make suggestions on how Nice Speech Lady can document. This is used as a starting place/is useful for your medical record, and are reviewed, tweaked and signed by your provider. Nice Speech Lady will always read, and modify/add/delete any data, prior to signing off on the note.

How secure is the encryption used to protect my information?

Sunoh ensures the security of the transcribed conversation by adhering to HIPAA-compliant data storage and processing protocols. As well, the recording of the conversation is only used to allow the encounter note to be generated for Nice Speech Lady.

Can I access or review the transcriptions and AI-generated summaries?

As a patient, you may request access to the visit transcript, but it is no longer available to anyone after seven days. It would require a release of information signature form, just as any other documentation which you may request. Once seven days passes, the transcript will no longer be an option, so please speak up if you think you would like the written transcript. Your written documentation encounter note that is facilitated with the technology will be available after the 7 days, and will also require a release of information form/signature, just as any record request.

Will any third parties have access to my conversations or the AI-generated summaries?

Sunoh is a HIPAA-compliant platform and Nice Speech Lady has protocols in place or privacy. As Nice Speech Lady providers, Nice Speech Lady will take the data that is encrypted/generated after the visit, and use it in your electronic health record, just the same as as clinician writing information down on a pad of paper, or writing down data after a visit, from memory, etc. It is just more stream-lined with the technology, and will allow for accuracy in the content.



How do I revoke consent to use Sunoh in the future, if I change my mind?

If you wish to revoke consent for using Sunoh in the future, please let a Nice Speech Lady staff member know, and we will discontinue its use during your consultations. Please consider beforehand that the technology allows efficiency in how we process your data. This opens up time for us to serve you and the community most effectively.

Can I request to have my information deleted?

The standard deletion time for patient information in a transcript is seven days.

What is the impact on my care if I choose not to use Sunoh during consultations?

If you choose not to use Sunoh during consultations, it will not negatively impact your care. However, using Sunoh can boost's Nice Speech Lady's focus on you more effectively -- by freeing staff from physical note-taking during services. As well, it will cut down on time in sending in data so that claims can be processed, which leads to faster reimbursement for services -- which is good for everyone who receives care at Nice Speech Lady.

If you have any questions not covered here, please ask prior to signing.

SIGNATURE

This notice went into effect on the date of the signing of this document.

By signing this form, I certify:

- That I have read or had this form read to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction. I was given the clinician's phone number of 505-907-1902 to ask questions, if I had them, prior to signing.

By signing below, I am agreeing that I have read, understood, received a copy of and agree to the items contained in this document:

— If I am signing this document, I am either the patient or a POA (or a legal guardian of the patient).

Signature

Date

Printed name

relationship to the patient

Agreement updated as of 7-1-23.

Wilson Nice, M.A., CCC-SLP — Owner, Nice Speech Lady LLC
<https://nicespeechlady.com/for-patients/> — practice site <https://nicespeechlady.com> — a resource site
505-907-1902 (phone) NEW FAX FOR REFERRALS (ONLY): 1-833-464-5172
Physical clinic address of our hybrid clinic, serving NM and NC, adults and children:
Nice Speech Lady LLC 715 N. California Street, Suite A Socorro, NM 87801
Billing Address: NICE SPEECH LADY LLC P.O. BOX 32973 BELFAST, ME 04915-0607
NC resident agent address: 4030 Wake Forest Road, STE 349 Raleigh, NC 27609 (DBA of Nice Speech Lady PLLC in North Carolina)*currently offering virtual visits -- if eligible