



High Hopes

DEVELOPMENT CENTER

Clinical Registration Packet

We appreciate the opportunity to participate in your child's development and look forward to working together with your family and celebrating accomplishments!

Thank you,

High Hopes Clinical Staff

Website:

www.highhopesforkids.org

Physical Address:

301 High Hopes Court
Franklin, TN 37064

Phone:

(615) 661-KIDS (661-5437)

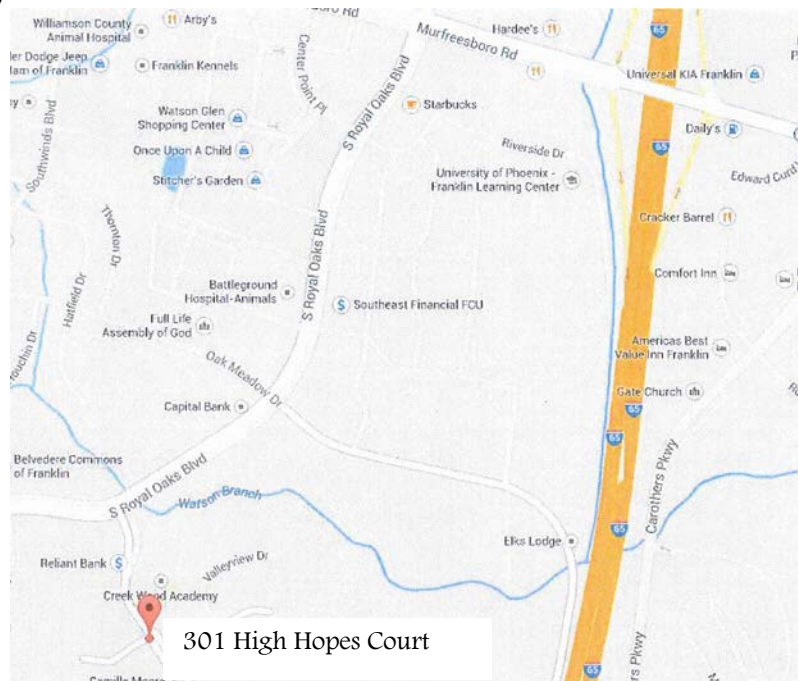
Therapy

Scheduling/Cancellations:

(615) 661-5437

Fax:

(615) 277-2838





Notice of Privacy Practices

This Notice describe how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and

Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

High Hopes may use patient demographic information to contact them about general fundraising activities without a signed authorization.

Contact Person

If you have any questions, requests, or complaints, please contact:

Kristin Garner, MPT
Director of Clinical Services
High Hopes, Inc.
301 High Hopes Court
Franklin, TN 37064

Effective Date: Effective Date of this Notice is 1/1/2017



High Hopes
DEVELOPMENT CENTER

Therapy Clinic
Parent/Caregiver Handbook

High Hopes Therapy Clinic **Parent/Caregiver Handbook**

High Hopes Therapy Clinic welcomes you and your child! High Hopes therapists and staff are dedicated to providing quality therapy services in a fun and loving environment. This handbook was designed as a resource to provide parents/caregivers with useful information regarding our clinic and organization. It will clearly outline what you can expect of High Hopes and what High Hopes expects of the families that attend the therapy programs. We appreciate the opportunity to participate in your child's development and look forward to working together with your family and celebrating accomplishments!

Our Mission

The mission of High Hopes Development Center is to equip children, youth, and their families with the skills necessary to achieve success through education, therapeutic services, and loving support.

What is High Hopes?

High Hopes, Inc. is an Inclusive School and Pediatric Therapy Clinic that work hand-in-hand to provide the best early education and intervention services for children ages birth through 21. Teachers in the Inclusive School love, nurture, and educate children from infancy through Kindergarten with and without special needs in inclusive classrooms. In the outpatient Pediatric Therapy Clinic, a team of experienced therapists provide physical, occupational, speech, and feeding therapies, for children and youth through age 21, to help build life skills needed to achieve success in all areas of their daily lives.

Why is High Hopes a Non-Profit Organization?

High Hopes, Inc. is a 501c (3) tax exempt organization, IRS Section 170(b)(1)(A)(ii) and 509(a)(1) for both federal and state tax purposes. As a non-profit organization we can better balance the needs of children and families in the community when making programming and business decisions. For example, High Hopes accepts most commercial insurance plans and participates in state run programs such as TEIS despite reimbursement rates lower than expenses while some for-profit clinics could only accept the higher reimbursing insurance plans or limit TEIS enrollment. Fundraising efforts help make up the difference so that we can continue to provide valuable services in this community. If you are interested in learning more about our fundraising programs please contact our Development Office at 615.550.1437.

High Hopes Clinic Pledge to You and Your Family

To children, we pledge that we will

- Provide loving and compassionate care
- Treat them with respect and dignity
- Let them make their own choices when possible
- Have parents/caregivers with them as long as it doesn't interfere with therapy
- Respect their privacy
- Communicate in words they understand
- Praise and encourage throughout every session

To families, we pledge that we will

- Work with them to schedule appointments at convenient times
- Keep appointments in a timely manner
- Attempt to reschedule missed appointments
- Understand family challenges and provide support as needed
- Answer all questions in understandable terminology
- Provide assurance that we will take excellent care of your child during therapy sessions
- Respect your privacy
- Respond promptly to communications (email/telephone)
- Work with insurance companies to encourage reimbursement of therapy services
- Employ only qualified and experienced therapists and adhere to or exceed all licensure and training requirements
- Encourage parent participation in therapy sessions as long it does not interfere with the child making progress
- Provide a Home Program to support the activities/skills addressed in therapy sessions

Non-Discriminant Policy

High Hopes admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Important Contact Information

Address

301 High Hopes Court, Franklin, TN 37064
Phone: 615.661.5437 Fax: 615.277.2838

Website

www.highbopesforkids.org

Quick phone reference guide

Ongoing Scheduling/Cancellations.....615.661.5437
New Referrals for Therapy.....615.550.1451
Kristin Garner, MPT Director of Clinical Services.....615.550.1445
Anna Tedder, Office Manager and Assistant to Director.....615.550.1446
Billing (Practice Resource Network, Inc.).....615.661.8929
Billing (HQ Management Services).....248.650.8670

Who to call!

To cancel or reschedule an appointment	615.661.5437. Please refer to cancellation policy regarding guidelines on cancelling therapy sessions.
To schedule a new therapy service	Intake Coordinator ~ 615.550.1451
If your insurance has changed	Call the front desk with your new insurance information ASAP (615.661.5437) <u>and</u> bring the new card to the clinic at your next visit so we can make a copy.
To speak with a therapist	Leave a message with the front desk (615.661.5437) and the therapist will return your call promptly. Please remember that therapists may not work every day and will return calls around scheduled therapy sessions. Email is another good way of initiating communication with therapists. A list of therapists' email addresses and links are provided on the High Hopes website.
With questions regarding a statement or billing in general	High Hopes contracted with Practice Resource Network, Inc. to bill for therapy services for dates of service prior to November 1, 2019. To reach PRN, call 615.661.8929 and tell them you are a client of High Hopes. High Hopes currently contracts with HQ Management Services to bill for all therapy services rendered on or after November 1, 2019. To reach HQ, call 248.601.9207.
With other questions or concerns	Kristin Garner, Director of Clinical Services- 615.550.1445.
If your child is aging out of TEIS and you have questions regarding insurance benefits after age 3.	HQ Management Services ~ 248.601.9207

Clinic Hours of Operation

Monday – Friday 7:30am-6:00pm

Hours may vary depending on therapist availability and daily schedule.

The Clinic will be closed in observance of some holidays and on staff training days. Notice of closing will be provided via email notification and signage in the clinic. A calendar, including closed days, is posted on our website: www.highbopesforkids.org.

Preschool Hours of Operation

Monday – Friday 7:00am-6:00pm

Inclement Weather

In the event that it is deemed unsafe for clients/students/staff to travel due to inclement weather, High Hopes may close or delay** the opening of the preschool and clinic. Closing/delay information is communicated to parents in several ways:

1. An email blast is sent out. Please make sure that High Hopes has an accurate email address for your family.
2. A message is left on the main phone number voicemail (615.661.5437)
3. High Hopes will post notifications on our social media accounts: Facebook, Instagram, and Twitter

** Please remember that High Hopes opens at 7:00 am so, for example, a 2 hour delay means that we will open at 9:00 am.

Non-Smoking Policy

Because of state health laws regulating smoking, as well as fire and safety consideration, smoking is not permitted on the High Hopes campus.

Insurance

High Hopes office staff and Practice Resource Network (contracted billing agency) representatives are here to work with you and the clinical staff on issues concerning insurance coverage for your child's treatment. It is primarily your (parent) responsibility to know your insurance benefits and provide information to our staff on policy requirements in a timely fashion, including any changes to your coverage. We will assist in this process but we encourage you to be an educated consumer of health care insurance. We will call to verify benefits before initiating therapy but in most instances, the information provided by the insurance company is not a guarantee of payment. While we cannot assure you that your child's therapy will be a covered service, we pledge to work with you and the insurance company throughout the billing process. ***It is the responsibility of the parent/guardian to inform High Hopes Therapy Clinic of any and all changes in insurance information, including insurance carrier, ID number, group number, phone numbers and/or address as soon as possible. Failure to do so may result in total patient responsibility for charges incurred.*** To update your insurance information, please call the clinic front desk at 661.5437. For questions regarding your billing statement please call PRN at 661.8929.

Photographs

Occasionally, photographs are taken for the purposes of fundraising, newsletters, and/or clinic decorations. Photographs will only be used if High Hopes has the written permission of the child's parent/guardian.

Illness

Please call the clinic front desk (661.5437) to cancel your therapy appointment as soon as you determine that your child is too ill for therapy. Children should not attend therapy if they have the following signs/symptoms of illness:

- Temperature greater than 100.4 degrees – may return to therapy once fever free for 24 hours without medication
- Conjunctivitis “pink eye”- may return 24 hours after treatment or with a doctor's note
- Vomiting (1 time) – may return 24 hours after last episode
- Diarrhea (2 times) – may return 24 hours after last episode
- Strep Throat- may return 24 hours after initiation of medication
- Other contagious conditions diagnosed by physician

Children frequently have colds, especially during the winter months, and it is not necessary to keep a child home with minor cold symptoms (runny nose, cough). We will exercise excellent hand washing and toy cleaning to limit the spread of infection.

Parent Participation and Support

Parents/caregivers are a key member of a child's therapy team. In order for your child to achieve the maximum benefit from therapy services there must be carryover of therapeutic activities/skills at home. Parents are invited to participate in therapy sessions as long as their presence does not disrupt the productivity of the session. Siblings are welcome to attend a therapy session as long as they are not disruptive. The sibling must remain in the same area of the clinic as the treatment is taking place and needs to be supervised at all times by the parent. If it is determined that a child participates better when a parent is not in the room, the parent can wait in the waiting room and the therapist will use the last 5-10 minutes of the session to update the parent and provide instruction in activities to work on at home.

If a parent/caregiver leaves the building during a therapy session, the child must have a sticker with emergency contact information placed on their back. Parents should return to the clinic 10 minutes prior to the scheduled end of the therapy session in order to receive an update and home program. This policy is extremely important as therapy sessions are scheduled back to back and we strive to provide both (1) quality communications to parents and (2) on time service. If a parent returns late to pick up a child, one or both of those goals may be compromised.

Therapy for Preschool Students

Preschool students may be scheduled for therapy during their preschool day if the parent wishes. Treatment sessions can take place in the classroom, on the playground, or in the clinic. The decision of the time and location of the therapy will be dependent on the child's needs and where and when they will get the most benefit from therapy. Decisions regarding therapy times and location, as well as goals and plan of care, are discussed and made as a team and reviewed at Individual Program Plan (IPP) meetings. While IPP meetings are a "formal" communication tool utilized at High Hopes, more frequent "informal" communication is encouraged between therapists and parents. Therapists may leave a note, send an email, call or speak with parents at drop off/pick up time to communicate therapy progress, concerns, or home program ideas. Parents are always welcomed and encouraged to attend therapy sessions (even if only once in a while) and we will make scheduling arrangements as necessary to accommodate parent schedules. The therapy staff will communicate with the preschool staff regarding suggestions for the classroom in order to enrich the developmental experience for each child. **If a preschool student is going to be absent from school due to illness, please contact the preschool and they will communicate the absence to the clinic staff. If the student is going to be absent for an extended time (vacation, surgery, etc.) please contact the clinic at least 1 week in advance.** Therapy staff try their best to rearrange schedules and reschedule missed visits.

Patient Cancellation/No Show Policy

In order for the High Hopes Therapy Clinic to best serve your child, your child must consistently attend scheduled treatment sessions. We understand there may be situations that make it necessary for your child to miss a session, such as illness or medical appointments. Most other situations, such as transportation issues, cold/hot weather, or play date are not appropriate reasons for cancelling a scheduled treatment session. This policy is necessary to ensure (1) that children are fully benefitting from the therapy plan of care, and (2) that much desired therapy treatment spots are not wasted by repeated absences while another child remains on the waiting list. Please refer to the following explanation of our policy:

Approved Cancellation - Cancellation due to documented illness: vomiting, diarrhea, fever >100 degrees, unexplained rash, or other contagious medical condition. Please call as soon as you know that your child is too ill to attend therapy. A note from the physician may be requested with repeated cancellations for reason of illness. HH scheduling staff will work with you to attempt to reschedule your appointment once your child is well.

Approved Advanced Cancellation - Cancellation due to medical appointment or family reason. In order for a cancellation to be approved for a non-illness related reason it must be reported **7 days** prior to the scheduled appointment. HH scheduling staff will work with you to attempt to reschedule your

appointment.

Unapproved Cancellation - Cancellation reason other than illness or planned cancellation without 7 day prior notice. A child will forfeit their treatment spot and be placed on the waiting list for another available treatment spot if a child has.....

1. Two Unapproved Cancellations in a month (4 week time frame)
2. Two Unapproved Cancellations in a row
3. Unapproved Cancellations in 2 consecutive months

High Hopes' scheduling staff will always work very hard to reschedule missed appointments as able.

No Show- If a child fails to show for a scheduled appointment and does not call to cancel, it is considered a "No Show". A child will be discharged from therapy after 2 No Show visits.

High Hopes Therapist Cancellation

If for any reason one of our therapists needs to cancel or reschedule an appointment due to unforeseen circumstances (i.e. illness), you will be notified as soon as possible via phone. Please make sure to keep your contact information up to date with the High Hopes staff. We will make every attempt to reschedule appointments cancelled by therapists at another time or with another therapist.

Thank You.

We are pleased that you selected us to provide services for you and your child and look forward to working with you and your child!

