

A World With Words
16611 South 40th Street, Suite
114, Phoenix, AZ 85048
480-221-8650
worldwithwords@cox.net



Thank you for choosing *A World With Words* to provide speech therapy services for you or your child. It is our hope and desire to provide you with the type of speech therapy oriented services that you require. If you have any questions or suggestions regarding treatment or any other matter during our time together, please feel free to call our office at anytime.

The following 4 items must be completed and returned to the office prior to commencement of speech therapy services.

1. INSURANCE INFORMATION: This document allows *A World With Words* to complete the necessary documentation to complete billing for your insurance.
2. PATIENT GENERAL INFORMATION: This data will be utilized as information to be provided to the speech therapist who will be evaluating and/or providing treatment. As much information as you can provide will be very helpful to the therapist in assisting her/him in determining the best therapeutic services.
3. HIPAA/NOTICE OF PRIVACY PRATICES AND AUTHORIZATION: Please read, sign, and return.
4. CANCELLATION / NO SHOW POLICY: Please read, sign, and return. If you have any questions, please feel free to call the office.

**Please note, if paying privately, fees are due at the end of each session.
A World With Words accepts cash or checks.**

Once again, thank you for choosing us for speech therapy services. We look forward to working with you.

Sincerely,

Norma Rodriguez,
A World With Words

Signature _____ Date _____

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INSURANCE INFORMATION

Patient Name	Birth date	Age	Sex	SS#
Address	City	State		Zip Code
Home Phone	Diagnosis			
Father		Mobile/Work Phone		
Mother		Mobile/Work Phone		

Primary Insurance Plan	Employer			
Policy Holder	SS#	Birth date		
Group #	ID or Policy #			
Effective date: / /	Termination date: / /	Phone		
Send claims to: Address	City	Sate	Zip	

Secondary Insurance Plan	Employer			
Policy Holder	SS#	Birth date		
Group #	ID or Policy #			
Send Claims to:	Phone			
Address	City	Sate	Zip	

MEDICAL INFORMATION RELEASE

I hereby authorize the release of medical records, or copies of the records, to be transferred to *A World With Words* 16611 South 40th Street, Suite 114, Phoenix, AZ 85048 with a fax number of (480) 598-8418. I also authorize *A World With Words* to release information, records, or copies of records, pertaining to the diagnosis, as well as, treatments and examinations, which have been provided, to my insurance providers and my other health care agencies.

FINANCIAL POLICY

I understand and agree that I am ultimately responsible and liable for payment of all charges assessed for professional services provided by *A World With Words* and will pay any sum due upon demand. I understand that insurance claim forms will be submitted to my insurance company as a matter of convenience. I understand and agree that if it becomes necessary to retain an attorney and/or collection agency for the collection of any outstanding charges, whether or not a lawsuit is filed on my account, I will be responsible for any attorney and/or collection fees and court costs in addition to the outstanding balance. Patients authorized for speech therapy by the Arizona Department of Economic Security, Division of Developmental Disabilities, are not responsible for payment charges.

ASSIGNMENT OF BENEFITS

I request that payment of authorized insurance benefits be made on my behalf to *A World With Words*.

Signature _____ Date _____

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PATIENT GENERAL INFORMATION

Patient Name: _____
 Diagnosis (please list all): _____
 Address: _____
 Major Crossroads: _____
 Email address: _____
 Home number: _____ Mobile: _____ Work _____
 Name of parent/guardian patient lives with: _____
 Names and ages of siblings: _____
 Name of school/teacher: _____ Phone number: _____

Pediatrician	Address	Phone:
		Fax:
Neurologist	Address	Phone:
		Fax:

Perinatal History — Describe any complications before, during, and after birth: _____

Approximate Month/Year of Developmental History:

Roll: _____ Sit Alone: _____ Crawl: _____ Walk: _____ First Word: _____

Please discuss the current status of the following:

Mobility: _____

Feeding: _____

Speech: _____

Past Medical History: _____

Current Medications (type and purpose) _____

List any allergies to food or drugs: _____

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). PLEASE REVIEW CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

A World With Words is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize the information provided is long, but we are required to provide this information to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The health and billing records we maintain are the physical property of *A World With Words*. The information in it, however, belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office;
2. Request that you be allowed to inspect and copy your health and/or billing record - you may exercise this request by delivering the request in writing to the office;
3. Appeal a denial of access to your protected health information except in certain circumstances;
4. Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
5. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
6. Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
7. Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and
8. Revoke authorization that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Norma Rodriguez with *A World With Words* in person or in writing, during normal hours. We will provide you with assistance on the steps to take to exercise your rights.



Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and oversight agencies that are authorized by law to collect information;
2. Lawsuits and similar proceedings in response to a court or administrative order;
3. If required to do so by a law enforcement official;
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat;
5. If you are a member of U.S. or foreign military forces (including Veterans) and if required by the appropriate authorities;
6. To federal officials for intelligence and national security authorize by law;
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official; and
8. For Workers' Compensation and/ or similar programs.

Other disclosures and uses:

Notification

Unless you object, we may use or disclose your protected health information to notify, assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for your care if you do not object or in an emergency.

Right to a copy of this notice

You are entitled to receive a copy of the Notice of Privacy Practices. You may ask us to give a copy of this Notice to you at any time.

Right to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with *A World With Words* or with the Secretary of the Department of Health and Human Services.

If you have any questions regarding this Notice of Privacy Practices, please contact:

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CANCELLATION / NO SHOW POLICY

Please notify your therapist as soon as you know you will be unable to maintain your scheduled appointment. *A World With Words* is not compensated for canceled appointments or 'no shows.' An appointment is considered a 'no-show' if the patient or guardian has not called the therapist to cancel the appointment (1) the patient doesn't arrive at the office at the scheduled time; and (2) the therapist arrives at the patient's home at the scheduled time and the patient is not at home or does not answer the door.

No show's will be assessed a \$25 administrative fee.

If you have 2 or more cancellations within a 4 week period, or 2 or more no shows, we reserve the right to discontinue services.

Printed name of Patient/Parent or Guardian

Signature of Patient/Parent or Guardian

Date

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I hereby acknowledge that I have been presented with the *A World With Words* Cancellation / No Show Policy. I have read this notice and understand the terms.

Signature of Parent or Guardian

Printed name of Parent or Guardian

Printed name of patient

Date