

DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**~PATIENT INFORMATION~**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  Male  Female

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient Employer/School and grade \_\_\_\_\_

Parents' names, if patient is a minor

Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell \_(\_\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_(\_\_\_\_\_) \_\_\_\_\_

Permission to text regarding appointments to these cell numbers? Yes No

Email: \_\_\_\_\_ Email \_\_\_\_\_

Child lives with  both parents  mother  father  other \_\_\_\_\_

In case of emergency, who should be notified? \_\_\_\_\_

Phone \_\_\_\_\_



Location: 4231 Dolly Ridge Road  
Vestavia Hills, AL 35243

Phone: (205) 531-8998

Fax: (205) 970-4122

[www.otmspeech.com](http://www.otmspeech.com)

### Speech/Language Case History

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Today's date \_\_\_\_\_

Email: \_\_\_\_\_

Were there any problems related to the pregnancy or birth of this child? Was the pregnancy full term? Please describe any problems.

Does your child have a medical diagnosis relating to speech/language delays? \_\_\_\_ If yes, what is the medical diagnosis? \_\_\_\_\_

Is there a history of frequent/chronic ear infections or hearing loss? \_\_\_\_\_

Is there a history of pacifier use or thumb sucking after infancy? \_\_\_\_\_

Has your child been diagnosed with a tongue tie? \_\_\_\_\_

Do you suspect that your child has any sensory processing problems? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Please list any health problems and/or regular medications taken \_\_\_\_\_

\_\_\_\_\_

At what age did your child: Begin to use at least one word? \_\_\_\_\_

Begin saying 2 or more words together? \_\_\_\_\_

Talk well enough to be understood by others? \_\_\_\_\_

Has your child ever received speech therapy? \_\_\_\_ When? \_\_\_\_\_

What were the goals of therapy? \_\_\_\_\_

Is English the primary language spoken in the home? \_\_\_\_ What other languages are used at home or school? \_\_\_\_\_

What grade is your child in now? \_\_\_\_\_ Name of school \_\_\_\_\_

Has your child repeated a grade? \_\_\_\_ Which one? \_\_\_\_\_

Does your child receive special education services? \_\_\_\_\_ For what? \_\_\_\_\_

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What is your concern with regard to your child's speech and/or language skills? \_\_\_\_\_

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Please describe any academic or social problems/concerns \_\_\_\_\_

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Does your child have difficulty understanding age-appropriate humor?

Does your child have any close friends of the same age?

Does your child show understanding of how other people feel?

Does anyone in the family (parents, grandparents, siblings, aunts, uncles, cousins) have speech or learning problems? \_\_\_\_\_ Please describe \_\_\_\_\_

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What are your goals/expectations for speech therapy?

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May we have your permission to share test results, therapy notes, evaluations, and information about your child with your child's physician? \_\_\_\_ yes \_\_\_\_ no

If yes and you would like the information to be shared, please give physician's name, number, and address:

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May we have your permission to share test results, therapy notes, evaluations, and information about your child with your child's teacher or other school personnel? \_\_\_\_ yes \_\_\_\_ no

If yes and you would like the information to be shared, please give specific teacher names, number, and school address:

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Please list any other schools, personnel, or agencies with which we may share this information:

I give my permission for my child \_\_\_\_\_ to be evaluated and/or treated by Over the Mountain Speech, Language, and Learning Services, LLC. I give permission to share information with the above parties as indicated.

Signature

Date

Relationship to child



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Vestavia Hills, AL 35243  
Mailing: 1050 Lake Colony Lane  
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Phone: (205) 531-8998  
Fax: (205) 970-4122  
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### Attendance Policy

Thank you for choosing Over the Mountain Speech, Language, and Learning Services. We want to provide the best possible services to all of our clients. We will do our best to schedule appointments that meet your needs. Regular attendance is important to your/your child's success. We ask that you follow the attendance policies outlined below:

1. **Cancellations:** Please call us at least 4 hours in advance to cancel your appointment. We reserve the right to charge a \$25 fee if you do not give us 4 hours' notice. Insurance will not cover this fee.
2. **Missed Appointments:** If you cancel or do not attend 2 sessions in a row, we may put your services on hold until scheduling problems can be worked out. Missed appointments are subject to full fee for service, which is not covered by insurance.
3. **Late for Appointments:** If you are more than 10 minutes late for your appointment, we reserve the right to cancel the appointment and consider it a missed appointment (see policy for missed appointments above). If you are late for 2 or more sessions, we may put your services on hold until scheduling problems can be worked out.
4. **Clinician Cancellations:** If your speech-language pathologist is not able to attend your appointment, you will be contacted as soon as possible. Please be sure that our office knows the best way to reach you. Every effort will be made to reschedule your appointment in a timely manner.

To cancel an appointment, call our office at (205) 531-8998 or your individual therapist  
or e-mail otmspeech@bellsouth.net

I agree to the attendance policies outlined above.

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Patient



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### **Payment Policy: Insurance and Self Pay**

Thank you for choosing Over the Mountain Speech, Language, and Learning Services (OTM Speech) for your speech-language pathology needs. This is an agreement between OTM Speech and you for payment of services provided. By signing this agreement, you are agreeing to pay for all services provided to you or your family member.

#### **Please read the following information carefully.**

Over the Mountain Speech, Language, and Learning Services does not bill insurance companies for evaluations and treatment, and therefore are “out of network” for insurance policies that provide for speech therapy services. We will provide you with the information you need to submit a bill to your insurance company, if needed.

If you plan to submit bills to your insurance company, you should:

- Check with your insurance company before your first visit to find out what speech and language services they will pay for.
- Find out what information the insurance company needs.
  - You may need a note from your doctor, called a referral. You may need permission from the insurance company, called pre-authorization.
  - Referrals and pre-authorizations do not guarantee that insurance will pay for services.

#### **Payment Options:**

- Payment is due at the time of service. We accept cash and checks. Credit card payments are not accepted at this time.

*Or*

- You will be billed for services at the end of each month. Payment is due within 14 days of receiving our bill. We accept cash or checks. *Please do not give your payments to your therapist; they should be mailed to the office mailing address as noted above.*
- We are happy to talk about other payment arrangements, if needed. Talk to us ahead of time to make payment arrangements. Please don't wait until you are not able to pay to talk to us.

#### **Rate:**

The current rate for speech/language therapy is \$48.00 per half-hour session, with additional minutes billed at 15-minute intervals for \$24.00 each. If sessions are less than 30 minutes, the base rate of \$48 still applies.

**Returned checks:**

- You will be charged a \$30 fee for each returned check.
- You will be asked to bring cash to the office to cover the amount of the returned check and the fee.

**Past due accounts:**

- You are expected to pay in full within 14 days of receiving our bill. Accounts 30 days past due will be charged an 18% fee.
- Accounts 3 months past due will be sent to a collection agency. You will be responsible for collection costs, as well as attorney fees and court costs.

\_\_\_\_\_  
Patient's Name

I agree to the payment policies outlined above.

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: Cell \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_



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**March 18, 2020**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Privacy Notice tells you about your rights regarding speech therapy records in this private practice. One copy of this Privacy Notice is for you to keep.

1. What are health care records in this speech therapy practice?

- Your child's health care records may include:
  - notes about each speech therapy visit
  - test forms
  - speech samples
  - questionnaires
  - reports from other agencies that you have provided
  - audio- and video- recordings of testing or speech samples
  - e-mails sent to you
  - e-mails that you send to Over the Mountain Speech
  - e-mails exchanged with a school-based speech language pathologist
  - e-mails with other professionals such as lawyers, OTs, PTs, or reading specialists
  - notes about phone conversations with you or other professionals
  - any other documentation related to speech/language evaluation, treatment, and professional communications
- By participating with Over the Mountain Speech, you agree to allow video- and audio- recordings as well as formal and informal assessments when appropriate to assess therapy progress or investigate the influence of related skills on communication.
- Video- and audio-recordings are erased after they are transcribed. No one else watches and/or listens to audio- or video-recordings without your written consent.
- All records are stored either in a locked file drawer or in a computer and/or smart phone that is password protected.
- 2. What information could these records contain?
  - names and contact information such as address & phone number
  - descriptions of speech therapy activities at each visit
  - notes about your child's performance
  - notes about designing future speech therapy activities
  - any other relevant information, such as parent's or child's comments about attempts at completing carryover activities
  - copies of receipts for payments
  - Social security numbers, health insurance information, or any other financial information from parents is NOT collected.
  - Personal checks are deposited promptly and no information is copied or collected from them other than name, address, and phone number.



3. Information may be shared with a therapist or teacher contracting with Over the Mountain Speech to provide services for your child. No information is shared with anyone or any agency outside of Over the Mountain Speech without your written consent unless legally required to do so.

- The parent who brings the child to the session and signs the therapy agreement form and the Notice of Privacy Practices form will be provided with all written information such as an evaluation report, progress reports, and homework suggestions either in person or by USPS delivery.
- Over the Mountain therapists and teachers will not forward any reports or talk by phone or e-mail with any other person about you or your child without your written consent, unless legally required to do so.
- If you or your child see your therapist or teacher in a public place, the therapist or teacher will not discuss your child's program and/or progress unless you acknowledge and initiate the conversation. Appointments should be made to discuss your child's needs privately if concerns arise.
- Over the Mountain therapists and teachers will not acknowledge their professional relationship with you or your child on any social media.

4. You have a right to access your speech therapy records. Two weeks' notice is required for provision of records.

March 18, 2020

In response to the nationwide public health emergency due to COVID-19, OTM Speech is offering the possibility of remote services via platforms such as Facetime, Facebook Messenger, and Zoom.

The following notice was posted on March 17, 2020, by the US Department of Health and Human Services on their website at

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

*The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).*

*During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.*

*OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.*

*A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.*

OTM Speech is committed to maintaining your privacy regarding and during treatment. It is understood, however, that use of third party applications potentially introduce privacy risks. OTM Speech will continue to monitor the ability to use such platforms as allowed by the Office for Civil Rights at the Department of Health and Human Services.

I have read, understand, and agree to this Notice of Privacy Practices.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Child's Name