PARTNERS IN LEARNING, INC.

Teaching to the ♥ of What Matters Since 1999

Client Information

Student Name: _____ Student Date of Birth: _____

Address: _____ Sex: _____

_____ Home Phone: _____

Mother/Guardian Name/Address (if different): Father/Guardian Name/Address (if different):

_____ _____

_____ _____

Mother/Guardian cell phone: _____ Father/Guardian cell phone: _____

Mother/Guardian work phone: _____ Father/Guardian work phone: _____

Mother/Guardian email: _____ Father/Guardian email: _____

Insurance Information

Insurance Carrier: _____ Subscriber's Name: _____

Behavioral Health Phone #: _____ Subscriber's Date of Birth: _____

Member ID #: _____ Subscriber's Social Sec. #: _____

Group #: _____ Employer Name: _____

Behavioral Health Co-Pay: _____ Secondary Insurance Policy: ☐ YES ☐ NO

Medical Information

Official diagnosis (ex. 299.00 - Autism Spectrum Disorder): _____

Diagnosing Physician: _____ Physician's facility/hospital: _____

Current Medications: _____

Service Information

1. What services are you currently receiving? (Check All That Apply) ☐ Early Intervention ☐ ABA in home ☐ ABA at school/center ☐ Speech ☐ OT ☐ Not Currently Receiving Services ☐ Other _____

2. What services are you seeking from Partners in Learning? (Check All That Apply) ☐ Full-Time ABA Inclusion Program ☐ Part-Time ABA Inclusion Program ☐ Outreach ABA Program (In-Home) ☐ Peer/Social Group (At Center)

3. How did you learn about Partners in Learning, Inc? (Check All That Apply) ☐ PIL Website ☐ Web Search ☐ Friend/Family ☐ School District ☐ Conference ☐ Insurance Referral ☐ Fundraising Event ☐ Print Ad - If so, please provide name _____ ☐ Other _____

Partners in Learning, Inc.

Statement of Client Financial Responsibility

Client Name: _____ DOB: _____

Partners in Learning, Inc. appreciates the confidence you have shown in choosing us to provide for your ABA needs. The service you have elected implies a financial responsibility on your part. This responsibility obligates you to ensure payment in full of our fees. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.

You are responsible for payment of any deductible and co-payment/co-insurance as determined by your contract with your insurance carrier. Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amounts not covered by your insurer. If your insurance carrier denies any part of your claim, or if you or your BCBA elects to continue past your approved period, you will be responsible for your balance in full.

I have read the above policy regarding my financial responsibility to Partners in Learning, Inc., for providing ABA services to my child/dependent. I certify that the information is, to the best of my knowledge, true and accurate. I authorize my insurer to pay any benefits directly to Partners in Learning, Inc., the full and entire amount of bill incurred by me or the above-named client; or, if applicable any amount due after payment has been made by my insurance carrier. I agree to notify Partners in Learning, Inc. immediately regarding any change in my insurance coverage.

Parent/Guardian Signature_____ Date _____

Guarantor Signature _____Date _____
(If guarantor is not the parent)

Co-Pay Policy

Some health insurance policies require the patient to pay a co-pay for services rendered. While daily co-pays in the medical field are routinely collected at the time of service, the nature of our service creates some difficulty in this process. For this reason, we invoice for any applicable co-pays on a bi-weekly basis. If co-pays are not paid according to the terms stated on the invoice, services may be suspended until payment is received.

Thank you for your cooperation in this matter.

Parent/Guardian Signature _____ Date _____

Cancellation / No Show Policy

We understand there may be times when you need to re-schedule an appointment due to emergencies, illness or obligations to work or family. However, we urge you to call at least 24-hours prior to canceling your appointment if possible. Since our staff are paid for sessions scheduled and then cancelled with less than 24 hours notice, in these cases, regretfully we must bill a minimum of one hour of the scheduled session. This amount is not covered by insurance and is the responsibility of the client.

I understand if I cancel, and fail to provide adequate notice for cancellation, all further cancelled sessions may be billed to me in full, at the current contracted insurance rates, and based on the number of hours originally scheduled. After five cancellations without adequate notice, my child/dependent may be discharged from the program.

The business manager will notify you in writing, via certified mail, if you are discharged from care.

I have read and understand the above information, and I agree to the terms described:

Parent/Guardian Signature _____ Date _____

Partners in Learning, Inc.
Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of the Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Partners in Learning, Inc.'s behavioral health operations. The Notice of Privacy Practices also describes my rights and Partners in Learning, Inc.'s duties with respect to my protected health information.

Partners in Learning, Inc. reserves the right to change the disclosures/terms that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the business office @ 856-374-2821 and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

_____
Signature of Patient or Personal Representative

_____
Name of Patient or Personal Representative

_____
Date

_____
Description of Personal Representative's Authority

Partners in Learning, Inc.
NOTICE OF PRIVACY PRACTICES

Effective Date: 6/1/10

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

We respect patient confidentiality and only release personal health information about you in accordance with the State and federal law. This notice describes our policies related to the use of the records of your care generated by Partners in Learning, Inc.

Privacy Contact - If you have any questions about this policy or your rights contact Tina Eager in business office of Partners in Learning, Inc. at (856) 374-2821.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your personal health information with others beyond Partners in Learning, Inc. This includes for:

Treatment - With your permission we may use or disclose personal health information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside Partners in Learning, Inc. that we are consulting with or referring you to.

Payment - Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations - We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

Information Disclosed Without Your Consent. Under State and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies - Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care - We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law - This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Coroners, Funeral Directors - We may disclose personal health information to a coroner or personal health examiner and funeral directors for the purposes of carrying out their duties.

Governmental Requirements - We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others - If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.

PATIENT RIGHTS

You have the following rights under State and federal law:

Copy of Record - You are entitled to inspect the personal health record Partners in Learning, Inc. has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records - You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record - You may ask us not to use or disclose part of the personal health information. This request must be in writing to Partners in Learning, Inc.,1880 Glassboro Rd, Williamstown, NJ 08094. Partners in Learning is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the Director who will consult with the staff involved in your care to determine if the request can be granted.

Contacting You - You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending Record - If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the Director and ask for the *Request to Amend Health Information* form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures - You may request a listing of any disclosures we have made related to your personal health information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after 6/1/04, please submit your request in writing to our Privacy Officer. We will notify you of the cost involved in preparing this list.

Questions and Complaints - If you have any questions, or wish a copy of this Policy or have any complaints you may contact our Privacy Officer in writing at our office further Information. You also may complain to the Secretary of Health and Human Services if you believe Partners in Learning, Inc. has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy - Partners in Learning, Inc. reserves the right to change its Privacy Policy based on its needs, and changes in state and federal law.