

# Summer 2010

## Adult Application Packet Checklist

*(Please make sure all forms are completed and signed prior to Submission. Include this checklist with your application packet).*

**Application Deadline For First Consideration: April 26th**

### **New Clients**

- Application Form
- New Client Information
- Exchange of Information
- Clinic Policies and Procedures
- Video and Audio Permission
- Report(s)/Outside Info
- A brief letter from you describing your areas of concern at this time.
- \$210 Deposit payable to Teach SOCIAL Silicon Valley. The deposit will be applied to the total cost of the summer program

### **Returning Clients:**

***Please note that although you may have Completed this information in the past, the below forms must be completed each semester. We only need information such as reports and outside assessments if these have been updated since you last submitted them. Thank you for your help in keeping our records up to date as well as helping us to place your student in the most appropriate group.***

- Application Form
- Exchange of Information
- Clinic Policies and Procedures
- Video and Audio Permission
- Report(s)/Outside Info
- \$210 Deposit payable to Teach SOCIAL Silicon Valley. The deposit will be applied to the total cost of the summer program

# TEACH SOCIAL SILICON VALLEY

SOCIAL AND ORGANIZATIONAL CONCEPTS FOR INDIVIDUALS WITH SOCIAL COGNITIVE CHALLENGES ACROSS THE LIFESPAN

## A 501(C)(3) ORGANIZATION

3550 STEVENS CREEK BLVD. #200 SAN JOSE, CA 95117  
(408) 244-2005 FAX: (408) 244-3870

### Adult Therapy Application Form: Summer 2010

Our adult sessions will provide opportunities for our clients to explore concepts and develop tools to address the areas of: perspective taking, personal problem solving, self-advocacy, organizational skills and social communication as it relates to a variety of contexts including; home, college, work environments, social relationships and interactions. We have also begun exploring challenges such as anxiety that may inhibit social success.

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Cell: \_\_\_\_\_

#### Group/or Individual Request

- I am interested in group sessions.  
 I am interested in individual sessions.  
 I am interested in group and individual sessions.

Returning Client (please circle) Y N

#### When can you come?

Therapy sessions are one hour, one time weekly. Please indicate time and days by circling when you are available to come in for one hour sessions:

	Please circle the days that you are available at that time.				
9:30 am	Monday	Tuesday	Wednesday	Thursday	Friday
10:45 am	Monday	Tuesday	Wednesday	Thursday	Friday
1:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday
2:15 pm	Monday	Tuesday	Wednesday	Thursday	Friday
3:30 pm	Monday	Tuesday	Wednesday	Thursday	Friday
4:45 pm	Monday	Tuesday	Wednesday	Thursday	Friday

#### Scheduling

Although all individuals who come to our clinic have some form of difficulty with developing and sustaining social relations, each person is different in his learning style, speed, perspective taking levels and personality. We have found that to teach these concepts well, the groups of individuals need to be fairly well matched in all of these variables. Given this, we DO NOT group people simply by a diagnostic label or by the time slot they are available to come to our clinic. Instead, we thoroughly review all the information we have available about each person to determine if and when we have the best group match for him or her. For this reason, we do not place individuals in groups unless we have at least a letter explaining your areas of concern along with any current reports from other professionals that you may be working with. The effort to find an appropriate placement for each individual in a group is complicated and once a placement is found each group member is very much a part of every other member's therapy process. Therefore we strongly encourage regular weekly attendance.

#### Cost of the program

A good deal of time is invested in considering each placement. A non-refundable \$210 deposit is required to begin placement consideration in our program. If accepted into the program, the deposit will then be applied to the total cost of the program. If you apply to the program, and we find a placement for you in a group but then you decide not come for therapy, the deposit will not be refunded. If you apply for the program, but we are unable to find a good group match, you will be refunded all but \$50.00 to cover administrative costs.

You must pay in full by the first week of the summer session. The sessions are held weekly from June 14– August 6, 2010. By signing up for this program you are committing to pay for the full program: 8 weeks of social thinking therapy. Clients planning vacations must understand that by signing up for this program you are committing to pay for all 8 weeks of sessions. The total cost of the summer session is \$840 for group, \$1,240 for individual.

If you would like to be considered for placement in Michelle Garcia Winner's Social Thinking mini clinic, in addition to Teach SOCIAL we will need to have your permission to copy and release your registration forms and file. Please mark the box at the bottom of the application form indicating your permission and interest in the Social Thinking mini-clinic.

I give permission to Teach SOCIAL! Silicon Valley to share my registration form with Michelle Garcia Winner and employees of Social Thinking (TSP) for consideration for placement in Michelle's training track mini-clinic.

**Make \$210 deposit check out to: Teach SOCIAL Silicon Valley  
and Mail to: 3550 Steven's Creek Blvd. Suite #200 San Jose, CA 95117**

If you have any questions please call: (408) 244-2005 or e-mail [nweston@teachsocialsv.com](mailto:nweston@teachsocialsv.com)

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## New Client Information – Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Daytime Telephone (for appt. changes/cancellations, etc.)

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Evening Telephone

\_\_\_\_\_  
E-mail address

### Information:

I am currently employed  full-time  part time at: \_\_\_\_\_

\_\_\_\_\_  
Employer/Company Name

Located in: \_\_\_\_\_

\_\_\_\_\_  
City, State

Hours I work: \_\_\_\_\_  
\_\_\_\_\_

Please describe any current concerns you have regarding your employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am currently attending school:  full-time  part time at: \_\_\_\_\_

General class schedule: \_\_\_\_\_  
\_\_\_\_\_

Major: \_\_\_\_\_

Highest level of education completed:  High School  Junior College  College/University  Trade

Degree(s): \_\_\_\_\_

Please describe any current concerns you have regarding your schooling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there someone at school that we may contact?

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Title of contact person

\_\_\_\_\_  
Email address

- I am living independently (in my own home/apt.)  I have a roommate/housemate and share expenses.  
 I am married. Number of years? \_\_\_\_\_  I am divorced.  I have children.  
 I am responsible for my own expenses.  I get financial assistance for my expenses.  
 I am living in my parent's home.  I have other living arrangements.

I have been diagnosed (please include the name of the person who gave you the diagnosis and the date you received it): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Please describe why you are seeking assistance from our clinic:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **EXCHANGE OF INFORMATION**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Alternate Telephone

I give permission for any employee of Teach SOCIAL to share information with any of the following people regarding my education or medical treatment.

Parent/Professional's Name	Title	Telephone Number	Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*How did you hear about TSSV/social thinking? (For example, a provider such as a counselor, physical therapist, psychologist, website, Michelle Winner conferences).

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## Clinic Policies– Very Important, Please Read, Initial & Return with application packet

I agree to follow the fee schedule and policies for \_\_\_\_\_ as noted:

(print your name)

**Therapy sessions:** \$105 per 60-minute session when 3 – 4 students in the group.

\$155.00 for individual session.

You must pay in full on or before the first week of the summer session. The sessions are held weekly from June 14– August 6, 2010. By signing up for this program you are committing to pay for the full program: 8 weeks of social thinking therapy. Clients planning vacations must understand that by signing up for this program you are committing to pay for all 8 weeks of sessions. The total cost of the summer session is \$840 for group, \$1,240 for individual.

**Additional consultation:** \$155.00 per hour for consultation including; report writing and phone calls exceeding 10 minutes with a therapist. Payment in full for 8 week summer session is due on or before the first day of sessions.

### **Please Initial**

#### **Every Section**

#### **Absences and Missed Sessions:**

By signing up for this program you are committing to pay for the full program: 8 weeks of social thinking therapy. Individuals planning vacations must understand that by signing up for this program you are committing to pay for all 8 weeks of sessions.

#### **Policy for most of the group being absent one week:**

When the therapists work in the group, they observe small details in your student they are not always able to address in depth at that moment given the group setting. When all the other students in the group are absent, we will conduct an individual session for 45 minutes, at the same price as if it was a group session. This is an excellent time for giving you some direct feedback and encouragement

#### **Policy for processing insurance claims or other administrative tasks:**

We are a “private pay” clinic, meaning that all of our services must be paid for by the guardians of the client, or the adult client themselves. We do not accept 3rd party reimbursements. We recognize that obtaining insurance coverage may be a difficult process and we wish to do what we can to make this difficult process easier. Due to the intensive time and cost related to gathering information for an insurance claim, we will charge an administrative fee based on \$40.00 per hour for any extra administrative requests which include copies of previous invoices, reports, therapy handouts, etc. We strongly encourage families to keep their own copies of their invoices and any reports or written updates we send to them each month.

1. We do NOT process insurance claims on behalf of a client or family. Our role is to provide records when and if they are requested by a family in order for the client/parent to submit such claims to their respective insurance company.

a. We request that all families who plan to file an insurance claim for our clinic’s work **contact us** to let us know their intentions. Our front desk staff has some information about insurance claims that we can provide you at no extra charge.

b. Some insurance companies will only reimburse for specific ICD9 Diagnostic Codes. On your monthly billing statement, please check the diagnostic code listed. We obtain the diagnostic code seen on the invoices from the information in the client’s file. This code is only assigned based on a medical diagnosis (as opposed to an educational classification). We are unable to make changes to the diagnostic code without a written medical diagnosis from a qualified professional. We are also unable to change a CPT code to reflect a service other than what was given (such as indicating a session was an individual session rather than a group session). We recognize that some insurance companies are willing to cover some services and not others (for example, individual sessions but not group sessions), but legally we are unable to indicate that we provided a service in which we did not.

c. Even if families are the ones filing the claim, the insurance company will still come to us for information about our services and will want to see copies of group therapy notes for insurance coding. We then have to “black out” information about all other clients mentioned in the week’s notes. Thus, parents filing claims from their home still involve our clinic’s administrative staff.

d. If a family files a claim and they are currently a client at our clinic, this fee will be added to their invoice for

the month that the claim was filed, only after we receive permission from the family to charge them for this administrative task. We will notify the family that we will charge them for our administrative time by calling and by sending a written letter. Generally, we have 30 days to send the insurance company the required papers, so families will have to respond to us quickly. A copy of all information sent to the insurance company is held in a client's file, families can see a copy of what we sent at their request at no extra fee.

e. For families that no longer participate at our clinic, but are filing an insurance claim in retrospect, this family will then be billed a fee that we project it will cost to process this claim. They will be asked to pay this fee prior to us sending the requested paperwork to their insurance company. Given that insurance companies give us a turn around time of about 30 days, we will quickly send the family a notification of our projected fee in the mail as well as calling to give notification of the fee. They will then need to quickly send us the payment so we can process their claim. If we do not receive payment we will not be able to process the claim. We will then send a letter informing the family that their requests were not processed.

f. We will not sign any contract offered to us by an insurance company that states that we agree to pay a lesser fee than what we have established as our fee for service, even if the parent has paid our insurance administrative fee.

**Policy for billing:** Payment in full for the 8 week summer program is due on or before the first day of summer sessions.

Initial indicates that I have read/received a copy of the Teach SOCIAL Silicon Valley Privacy policy. (Please make an additional copy for your file)

Please sign below and make a copy of these policies and procedures for you to reference. Copies of our "policies and procedures" are also available at our front desk.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student's Name (Printed)

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### Privacy Policy for your records

It is important that you review the privacy policy. Please initial the box on the policies signature page and keep a copy for your records.

This notice describes how information about our patients/clients may be used and disclosed and how they can obtain access to this information.

### **Terms:**

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information (PHI)**. PHI will be used and disclosed only as needed for Teach SOCIAL! Silicon Valley (TSSV) to perform **\*Treatment, Acquire Payment and Health Care Operations (TPO)**. Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

*(\*Treatment: TSSV philosophy includes a ten minute "group" parent meeting as a part of each group session to discuss what happened during the session. During this time it is understood that the therapist will speak openly to all the parents about all the students in the group with regard to their participation and things they need to work on at home. The therapist will make every attempt to have these discussions in a private setting.)*

### **Access:**

The following people will have access to PHI:

- ⊕ The client when 18 years old or older.
- ⊕ Parents or legal guardians of a minor.
- ⊕ Parents of an adult client with written permission of client.
- ⊕ Any person to whom the adult client has authorized, in writing, the release of PHI
- ⊕ TSSV staff and contractors who are involved in providing care or administrative assistance.
- ⊕ The client's health insurance company, for payment purposes.
- ⊕ Public Health Services and regulatory officials, when required by law.
- ⊕ An appropriate authority when a determination is made that the client may pose physical threat to themselves or others.
- ⊕ Courts, when the request is accompanied by a duly executed subpoena.

### **Minimum Necessary:**

Requests for disclosure of PHI for all purposes will be reviewed by the TSSV Privacy Contact to assure that they meet the minimum necessary requirement.

### **Patient/Client Rights:**

- ⊕ Parent/Guardian of clients or adult clients have a right to see and obtain a copy of their PHI.
- ⊕ Clients have a right to request limitations to the routine use of PHI for TPO.
- ⊕ Clients have a right to request changes in their PHI.
- ⊕ Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Therapist must keep a disclosure log. The log must record all disclosures, both written and verbal.

### **Security:**

Privacy measures are designed to protect the confidentiality of all PHI:

⊕

- ⊕ All staff will receive instruction about and be familiar with the TSSV Privacy Policy.
- ⊕ All Staff will exert due diligence to avoid being overheard when discussing PHI.
- ⊕ All records will be maintained in a secure environment.

**Information with regard to grievances:**

Clients who have complaints or concerns with regard to therapeutic management, please first contact your child's personal therapist to discuss your concern. If you feel that she has not been able to adequately address your needs, then please contact the Clinical Services Director. For all other questions, concerns or complaints please address them to the TSSV Office Manager. If the office manager cannot handle them directly, she will bring them to the attention of the relevant employee at the TSSV. If you still feel that your complaint has not been resolved to your satisfaction, you can address complaints to the Secretary of the United States Department of Health and Human Services. Teach SOCIAL Silicon Valley will not retaliate against any individual for filing a complaint.

**Administration:**

- ⊕ The TSSV Administrative Assistant serves as the Privacy Contact.
- ⊕ A designee of the TSSV serves as the Center Security Officer.

**Additional Resources on Health Information Privacy**

Health Privacy Project  
Georgetown University  
[www.healthprivacy.org](http://www.healthprivacy.org)

Office for Civil Rights  
U.S. Department of Health & Human Services  
[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

You may retain this copy for your files.

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### PERMISSION TO USE VIDEO OR PICTURED IMAGE & AUDIO RECORDING

*~~~This form must be signed in order for you to participate in the program~~~*

The use of video, picture image and audio recordings are an essential component of therapy. For this reason, we ask that this form be signed in order for you to participate in our program. These recording will be used for teaching purposes only and will not be used outside of the group without your written consent.

Please check the first box to indicate that you will allow these recordings and wish to participate in our program:

I give my permission for Teach SOCIAL Silicon Valley to use the video, picture or audio recoding of myself for therapeutic purposes:

\_\_\_\_\_   
*Please print name of adult receiving services*

Occasionally in the course of recording the sessions we will capture an interaction that accurately illustrates a particular concept or strategy of the Social Thinking philosophy. In this instance we would like the opportunity to use this video in a training/conference setting. The video will be used to educate fellow parents and professionals about how to employ therapy techniques that are being discussed.

*Check only if you are comfortable with this option:*

I give permission for video or pictures of myself to be used in **both** clinical & conference settings. *You do not need to check this box in order to participate in our program.*

\_\_\_\_\_   
Signature of Client over the age of 18

\_\_\_\_\_   
Date