

# **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

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## **Fall 2010-2011** **Adult Application Checklist**

**Application Deadline for First Consideration: July 12th**

### **New Clients**

- Application Form*
- New Client Information*
- Exchange of Information*
- TSSV Policies*
- 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 includes a \$50 one-time non-refundable processing fee and a \$160 deposit, which will be applied to the cost of the program.*

### **Returning Clients:**

Please note, an application and the forms listed below must be completed each semester. We need information such as reports and outside assessments only, if these have been updated since you last submitted them. Thank you for keeping our records up to date, as well as helping us in making the best possible placement for you.

- Application Form*
- Exchange of Information*
- TSSV Policies*
- Video and Audio Permission*
- Report(s)/Outside Info*
- \$160 deposit payable to Teach SOCIAL Silicon Valley. The deposit will be applied to the cost of the program.*

***Please make sure all forms are completed and signed prior to submission.***

***Include this checklist with your application packet.***

**CONFIDENTIAL INFORMATION. DO NOT FAX OR E-MAIL APPLICATIONS.**

## Adult Therapy Application Form: Fall 2010-2011

Adult sessions 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	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
10:45 am	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
1:00 pm	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
2:15 pm	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
3:30 pm	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
4:45 pm	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

**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/her 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.

**Deposit Refund Policy**

A good deal of effort is invested in considering each placement. A \$160 deposit is required to begin placement consideration in our program. A one-time \$50 Processing fee will be charged to all new participants, not returning participants. Returning participants pay a \$160 deposit, since it is not required that you pay the \$50 one-time fee again. If accepted into the program, the deposit will then be applied, with the exception of the \$50 processing fee when appropriate to the 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 \$50 processing fee and the \$160 deposit will not be refunded. However if a two-week notice is given then the \$160 deposit will be applied to your closing balance. If you apply for the program, but we are unable to find a good group match, you will be refunded \$160, minus the \$50.00 to cover administrative costs.

**Michelle Garcia Winner's Social Thinking Mini Clinic**

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 Publishing (TSP) for consideration of placement in Michelle's Training Track Mini-Clinic.

**Make the 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)*

## New Client Information – Adult

\_\_\_\_\_  
Date

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

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

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

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

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

### Information:

I am currently employed  Full-time  Part time at: \_\_\_\_\_

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

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

Work Schedule: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> I am living independently (in my own home/apt.) | <input type="checkbox"/> I have a roommate/housemate and share expenses.          |
| <input type="checkbox"/> I am married. Number of years?_____             | <input type="checkbox"/> I am divorced. <input type="checkbox"/> I have children. |
| <input type="checkbox"/> I am responsible for my own expenses.           | <input type="checkbox"/> I get financial assistance for my expenses.              |
| <input type="checkbox"/> I am living in my parent's home.                | <input type="checkbox"/> I have other living arrangements.                        |

I have been diagnosed. Include the name of the person who gave you the diagnosis and the date you received it:

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

Please describe why you are seeking assistance from our clinic:

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**\*Please include a brief letter describing your areas of concern at this time.**

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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

# TSSV CLINIC POLICIES

Please Read, Initial & Return with application packet

I agree to follow the fee schedule and policies for \_\_\_\_\_ as noted:  
(Print your name)

**Fees for therapy sessions:** \$105 per 60-minute Group Session (3 – 4 students)  
\$155 per 60-minute Individual Session.

**Additional consultation:** \$155.00 per hour for consultation includes; report writing and phone consultations exceeding 10 minutes with a therapist.

**Please Initial**

**Absences and Missed Sessions:**

Participants attending the academic year session are allowed to miss up to **3** sessions during the program. After three sessions you will be billed for the missed session. Please call the front desk to leave a message regarding absences by 9:00 AM.

**Policy for Reduced Group Attendance:**

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 Individuals 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 an individual in order for the client/parent to submit such claims to their respective insurance company.

**a.** We request that all individuals 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 individual 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 individuals that no longer participate at our clinic, but are filing an insurance claim in retrospect, this individual

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 turnaround 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.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
(If different) Participants 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, disclosed and how others 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" 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 participants about all the students in the group with regard to their participation and things they need to work on at home. If necessary every attempt is made 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 admin 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 a 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 has 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.
  - ⊕ All staff will receive instruction about and be familiar with the TSSV Privacy Policy.

**Grievances:**

It is suggested that clients who have complaints or concerns with regard to TSSV Services or therapeutic management, please first contact your therapist to discuss your concern. If you feel that the clinician has not been able to adequately address your needs, please contact the Clinical Services Manager. For all other complaints please address them to the TSSV Executive Director, Nancy Fash-McHenry at [nfashmchenry@teachsocialsv.com](mailto:nfashmchenry@teachsocialsv.com). If you have questions regarding the application process, please contact the TSSV Office Manager. If necessary the Office Manager 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:**

- 1.) Health Privacy Project  
Georgetown University  
[www.healthprivacy.org](http://www.healthprivacy.org)
- 2.) Office for Civil Rights  
U.S. Department of Health & Human Services  
[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

**PLEASE RETAIN THIS COPY FOR YOUR RECORDS!**

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

This form must be signed and included in the completed application. An incomplete application will not be accepted and considered for placement.

#### THERAPY:

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 recordings 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 the use of video, picture image, audio recording for therapeutic purposes and wish to participate in our program:

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

\_\_\_\_\_  
Please Print Name of Adult Receiving Services

\_\_\_\_\_  
Date

#### TRAINING:

Teach SOCIAL Silicon Valley has a mission to provide clinical and educational services, based on the conceptual model and practices of Social Thinking, for individuals with social cognitive developmental disabilities throughout Silicon Valley. Our emphasis is to continue to train professionals, families, clients, and community members in effective interventions for this population.

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 setting. The video will be used to educate fellow parents and professionals about how to employ therapy techniques that are being discussed.

I give permission for video or pictures of myself to be used in **both** clinical & training 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