Speech Works
of Alabama, LLC

Child Case History Form

DEMOGRAPHIC AND FAMILY INFORMATION:

Child's Name: _____ Date of birth: _____ ☐ Male ☐ Female

Home Address: _____

Home phone number: _____

Parent/guardian's Name: _____ Daytime phone: _____

Address: _____ Cell phone: _____

_____ E-mail: _____

_____ Occupation: _____

Parent/guardian's Name: _____ Daytime phone: _____

Address: _____ Cell phone: _____

_____ E-Mail: _____

_____ Occupation: _____

Doctor's Name: _____ Doctor's phone: _____

Address: _____

_____

_____

Child accompanied to evaluation by: _____

Others living with child:

Name	Relationship to child	Age	Sex

Child's race/ethnic group:

☐ Caucasian, Non-Hispanic ☐ Hispanic ☐ African American

☐ Native American ☐ Asian or Pacific Islander ☐ Other: _____

Is there a language other than English spoken in the home? ☐ Yes ☐ No

If yes, which one? _____

Does the child speak the language? ☐ Yes ☐ No

Does the child understand the language? ☐ Yes ☐ No

Who speaks the language? _____

Which language does the child prefer to speak at home? _____

SPEECH-LANGUAGE-HEARING

Have any family members had any speech, language, hearing problems, or learning difficulties?

If yes, who? Please describe: _____

_____

Do you feel your child has a speech/language problem? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

When was problem first noticed, and by who? _____

_____

Do you feel your child has a hearing problem? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

Has your child ever had a speech evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

_____

_____

Has your child ever received speech therapy? ☐ Yes ☐ No

If yes, where and when? _____

What was he/she working on? _____

_____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

Is your child aware of, or frustrated by, any speech/language difficulties? _____

_____

What do you see as your child's most difficult problem at home? _____

_____

What do you see as your child's most difficult problem in school? _____

_____

What are some of your child's strengths? _____

_____

BIRTH HISTORY

Were there any difficulties with the pregnancy or birth? ☐ Yes ☐ No

If yes, please describe: _____

How many months was the pregnancy? _____

Did the child require a stay in the hospital after birth? ☐ Yes ☐ No

If the child stayed at the hospital, please describe why and how long. _____

_____

MEDICAL HISTORY

Has your child had any of the following?

- ☐ adenoidectomy
- ☐ allergies
- ☐ breathing difficulties
- ☐ chicken pox
- ☐ colds
- ☐ ear infections
  how often? _____
- ☐ ear tubes
- ☐ encephalitis
- ☐ flu
- ☐ head injury
- ☐ high fevers
- ☐ measles
- ☐ meningitis
- ☐ mumps
- ☐ scarlet fever
- ☐ seizures
- ☐ sinusitis
- ☐ sleeping difficulties
- ☐ tonsillectomy
- ☐ tonsillitis
- ☐ vision problems
- ☐ Other serious injury/surgery: _____

Does your child have any medically diagnosed illness or conditions not listed above? ☐ Yes ☐ No

If yes, please explain: _____

_____

Is your child currently (or recently) under a physician's care? ☐ Yes ☐ No

If yes, why? _____

_____

Please list any medications your child takes regularly: _____

_____

DEVELOPMENTAL HISTORY

Please tell the approximate age your child achieved the following developmental milestones: (NOTE: If you can't remember the age, you can write "same" as peers, "earlier" than peers, or "later" than peers.)

Motor:

_____ sat alone
_____ crawled
_____ rolled over
_____ stood unassisted
_____ walked
_____ toilet trained

Speech/Language:

_____ babbled
_____ said first words
_____ put two words together
_____ spoke in short sentences
_____ understood simple directions

Are there or have there ever been any feeding problems (for example, problems with sucking, swallowing, drooling, chewing, etc.)? ☐ Yes ☐ No

If yes, please explain: _____

_____

CURRENT SPEECH-LANGUAGE-HEARING

Does your child…

- ☐ repeat sounds, words or phrases?
- ☐ understand what you are saying?
- ☐ retrieve/point to common objects upon request (ball, cup, shoe, etc.)?
- ☐ follow simple directions? (“shut the door” or “get your shoes”)?
- ☐ respond correctly to yes/no questions?
- ☐ respond correctly to who/what/where/when/why questions?

How does your child primarily communicate at this time?

- ☐ body language
- ☐ sounds (vowels, consonants, grunting, etc.)
- ☐ words (doggy, shoe, up, etc.)
- ☐ 2 to 4 word sentences
- ☐ sentences longer than 4 words
- ☐ other _____

Approximately how much of your child’s spoken language can you understand?

- ☐ <25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-90%
- ☐ 90% +

Approximately how much of your child’s spoken language do those less familiar with your child understand?

- ☐ <25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-90%
- ☐ 90% +

BEHAVIOR/PLAY/SOCIAL INTERACTION

Please describe your child:

- ☐ cooperative
- ☐ attentive
- ☐ willing to try new activities
- ☐ separation difficulties
- ☐ easily frustrated
- ☐ poor eye contact
- ☐ easily distracted/short attention
- ☐ destructive/aggressive
- ☐ withdrawn

Do you have any concerns about your child’s behavior? If so, please describe:

_____

_____

_____

Play characteristics (choose all that apply):

- ☐ plays well with peers
- ☐ would rather play alone
- ☐ plays well with siblings
- ☐ plays well with caregivers

What does your child like to play with most? _____

SCHOOL HISTORY

If your child is in school (or preschool), please answer the following:
Name of school and grade in school: _____
Teacher's name: _____
Has your child repeated a grade? If yes, which one(s): _____
What are your child's strengths and/or best subjects? _____
_____
Is your child having difficulty with any subjects? _____
_____
Is your child receiving any help in school (for example, special education services, tutoring, etc.)?
If yes, please describe:
_____
_____

ADDITIONAL COMMENTS

Speech Works
of Alabama, LLC

CONSENT TO TREAT- CHILD

I, _____ the parent/legal guardian of _____, hereby request and consent to Speech Works of Alabama, LLC to perform evaluation, treatment and care for my child as prescribed by a physician and/or recommended by a speech-language pathologist.

I understand and am informed that, as in the practice of medicine, speech language and feeding therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition, prior to treatment.

I acknowledge and agree that a parent or legal guardian must be present during each treatment session (note: parent or legal guardian may provide written consent in person for another adult to accompany child to speech therapy, for example, a grandparent).

I have carefully read and fully understand this Consent to Treat form and have had the opportunity to discuss it with the treating therapist.

I consent and authorize Speech Works of Alabama, LLC to administer evaluation and treatment under the direction of a certified speech-language pathologist.

Signature of Parent/Legal Guardian: _____

Printed name of Parent/Legal Guardian: _____

Date: _____

Speech Works
of Alabama, LLC

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Patient Waiver/Consent and Agreement to Pay Form

I, _____understand that by signing this waiver, I am agreeing to pay for any non-covered services provided by Speech Works of Alabama, LLC.

Every billing effort will be made to obtain reimbursement of the services provided from my insurance carrier. In the event of a denial of payment by the insurance carrier, I agree to be responsible for the allowed amount of the charges or a remaining balance after my insurance has paid in full. I understand that as a patient/guardian, I have the responsibility to notify Speech Works of Alabama, LLC in the case that my insurance coverage changes.

I have read and understand the terms of this form.

Patient's Signature:_____
Date:_____

Parent or Legal Guardian Signature:_____
Date:_____

Speech Works of Alabama, LLC

1400 Hwy 78 West, Ste 200
Jasper, AL 35501
Privacy official: Emily Sentell
205-512-1117, eli0001@auburn.edu

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as:
	  • Preventing disease
	  • Helping with product recalls
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence
	  • Preventing or reducing a serious threat to anyone's health or safety

Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With health oversight agencies for activities authorized by law
	  • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Note:
Speech Works of Alabama, LLC does not:
- work with organ and tissue donation
- work with medical examiners or funeral directors
- create/maintain psychotherapy notes at this practice
- create/manage a hospital directory
- contact patients regarding fundraising

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of Notice: 04/26/2018

This Notice of Privacy Practices applies to the following organizations.

Speech Works of Alabama, LLC

Privacy official: Emily Sentell
205-512-1117
eli0001@auburn.edu

Speech Works
of Alabama, LLC

Notice of Privacy Practices

My signature below acknowledges that I have received a copy of Speech Works of Alabama, LLC's Privacy Practices, and affirms that I understand its contents. I understand that I have the right to ask for additional copies at any time.

Patient's (or guardian's) signature: _____

Date: _____

Speech Works
of Alabama, LLC

1400 Hwy 78 W., Ste 200
Jasper, AL 35501
P: (205) 512-1117
F: (205) 512-1113

ATTENDANCE POLICY

Regular attendance is vital to ensure the best possible therapy outcomes. Our attendance policy is as follows:

- 3 “no-shows” may result in discharge.
- Excessive cancellations may result in discharge.
- Excessive late arrivals may result in discharge.

If you/your child is discharged, you will receive a phone call and/or letter.

We know that things happen, and will be more than willing to try to work with your family with any scheduling needs. If conflicts with your therapy time develop, please allow us to adjust your time/day if possible.

_____
Signature

_____
Date

Speech Works of Alabama, LLC
1400 Highway 78 West, Ste 200
Jasper, AL 35501

NONDISCRIMINATION POLICY

As a recipient of federal financial assistance, Speech Works of Alabama, LLC does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Speech Works of Alabama, LLC directly or through a contractor or any other entity with whom Speech Works of Alabama, LLC arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Speech Works of Alabama, LLC
Emily Sentell
205-512-1117

Speech Works of Alabama, LLC
1400 Highway 78 West, Ste 200
Jasper, AL 35501

SECTION 504 NOTICE OF PROGRAM ACCESSIBILITY

The regulation implementing Section 504 requires that an agency/provider *"shall adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons."* (45 C.F.R. §84.22(f))

This provider and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing and vision. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level. Building is single-level.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, and patient treatment areas.
- A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills, without additional charge for such aids:
    - Readers for persons with visual impairment
    - Interpretation services (Boostlingo) for patients who communicate via ASL.
    - Writing materials/computers/tablets for persons with speech impairments.
    - Assistance with writing as needed.
    - Etc.

If you require any of the aids listed above, please let the receptionist or speech therapist know.