KENDALL

SPEECH AND LANGUAGE CENTER, INC.
10725 S.W. 104 STREET, MIAMI, FLORIDA 33176
PHONE 305-274-7883
WWW.KSLC.NET

Registration Form

Patient Information

(Child's first, middle and last Name) (Date of Birth MM/DD/YYYY)

(Home Address) (City, State, Zip Code)

(Home Phone Number) (Mother's Cell Phone Number) (Father's Cell Phone Number)

(Mother's Name) (Father's Name)

(Mother's Work Phone Number) (Father's Work Phone Number)

(Email Address – *Please Print Clearly*)

Referred by: Physician:

School: Grade:

Please list all other professionals involved with the child:

Responsible Person for Payment

(Name or Names) (Date of Birth MM/DD/YYYY) (Relationship to Patient)

(Address) (City, State, Zip Code)

(Phone Number) (E-mail address)

Release and Consent

I, _____, the undersigned, hereby give permission to Kendall Speech and Language Center, Inc. to communicate verbally and/or send reports freely via e-mail or postal service with any licensed physician, school official, therapist and/or any caretaker concerning the care and treatment of my child.

I understand that I am financially responsible for all charges.

(Signature) (Date MM/DD/YYYY)

For Office Use Only: Wells Sky ❑ Outlook ❑
Excel ❑ Scan Forms ❑
Pink Sticker ❑

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HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your child's medical record.

PATIENT INFORMATION

Person completing the form		**Date:**	
Child's Name *(Last, First, M.I.):*	☐ M ☐ F	**DOB:**	
Current School/Day Care Setting:	Number of hours at the school/setting:		

PRENATAL AND BIRTH HISTORY

Was child adopted? ☐ Yes ☐ No If yes, at what age?

Please indicate if any unusual conditions existed during pregnancy:

☐ German Measles	☐ Rh Incompatibility	☐ False Labor	☐ Anemia
☐ Bleeding	☐ Diabetes	☐ High Blood Pressure	☐ Chicken Pox

Please explain any of these complications or others not mentioned

Were any medications taken during pregnancy? ☐ Yes ☐ No

If, yes please explain

Length of pregnancy? Duration of Labor? Birth Weight?

APGAR readings

Were any drugs/anesthetics used during labor? ☐ Yes ☐ No

If, yes please explain

Were there any difficulties with the delivery such as breech birth? ☐ Yes ☐ No

If, yes please explain

☐ Caesarian ☐ Induced ☐ Interrupted

Please describe:

CONDITIONS IMMEDIATELY FOLLOWING BIRTH

Difficulty breathing	☐ Yes	☐ No	Infant Blue	☐ Yes	☐ No	Jaundiced	☐ Yes	☐ No
Convulsions	☐ Yes	☐ No	Scars, bruising or head injury	☐ Yes	☐ No	Sucking or swallowing difficulties	☐ Yes	☐ No
Unusual muscle tone	☐ Yes	☐ No	Any other medical attention:					

FEEDING INFORMATION

Difficulties experienced?	☐ Yes	☐ No	At what age did your child start to drink from a cup?	
At what age did your child eat pureed baby foods?			Solids:	
Does your child have difficulties swallowing?	☐ Yes	☐ No	Did your child use a pacifier?	If so at what age did your child stop?
Did your child use a bottle? ☐ Yes ☐ No			If so at what age did your child stop?	
Is he/she a picky eater? ☐ Yes ☐ No			Please describe:	
Typical Days Diet:			Breakfast:	Snack:
Lunch:			Dinner:	

Please describe any other pertinent information regarding child's feeding:

Food Allergies?	Special Diet?

DEVELOPMENTAL INFORMATION

Present weight:	Present height:	Preferred hand:

1. Please indicate the age of the child when these physical developmental milestones occurred:

Held head up alone	Sit alone	Pull to standing	Walk holding on	Walk unassisted

2. Has there been any unusual motor development? ☐ Yes ☐ No

3. Is your child's balance good? ☐ Yes ☐ No Does your child appear clumsy? ☐ Yes ☐ No

4. Is your child awkward in using his/her hands?

SPEECH AND LANGUAGE DEVELOPMENTAL INFORMATION

1. Which one applies to your child:	Silent baby?	Very quiet?	Average?	Noisy?	Very Noisy?

2. Describe your child's early vocalizations:

3. Please indicate the ages that these occurred:

First word (e.g. no, cookie):	age:	examples:	Words combined (e.g. mommy shoe)	age:	examples:
Names objects (e.g. dog, car):	age:	examples:	Complex sentences:	age:	examples:

4. Did your child start to speak and go a long time before developing more speech? ☐ Yes ☐ No

5. Did your child begin to use words then appear to lose them? ☐ Yes ☐ No

6. Describe the overall clarity of your child's speech:

7. Does your child appear to have difficulties thinking of words he wants to use? ☐ Yes ☐ No

Explain:

8. What percentage of the day is your child exposed to:	English?	Spanish?	Other?

9. How does your child communicate the needs and desires when not understood?

10. Is there a family history of speech and/or language difficulties? ☐ Yes ☐ No

11. Describe your child's attention span:

12. Does your child respond when you are speaking to him? ☐ Yes ☐ No

HEALTH AND MEDICAL HISTORY

1. General health conditions is: ❑ Excellent ❑ Good ❑ Poor

2. Illnesses	Age	Severity	Treatment		Age	Severity	Treatment
Fevers				Flu			
Scarlet fever				Bronchitis			
Pneumonia				Meningitis			
Encephalitis				Croup			
Tonsillitis				Ear infections			

3. Does your child have allergies? Frequent colds? Explain:

4. Does your child snore? ☐ Yes ☐ No 5. Is your child a mouth breather? ☐ Yes ☐ No

6. Has your child suffered from prolonged high temperature and/or seizures? ☐ Yes ☐ No

Explain:

7. Hospitalizations/Accidents?

8. Is your child currently on any medication? If so please list them:

9. Please list any other specialists (neurologist, psychologist, etc.) that you have sought help from in regards to your child?

10. Please describe diagnosis and/or suggestions given by specialists?

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CONTACT INFORMATION PREFERENCES

Please indicate which mode of contact, should we need to reach you, would be agreeable. (Check all that apply).

- ❑ You may call me directly at home. Number to call _____
- ❑ You may call me directly at work. Number to call _____
- ❑ You may call my cell phone or leave a message on the cell phone.

  Number to call _____
- ❑ You may leave a message on my answering machine.
- ❑ You may leave a message with anyone who answers the phone at home
- ❑ You may leave a message with anyone who answers the phone at work.
- ❑ You may mail a note to my home.
- ❑ You may e-mail me at _____
- ❑ Other_____

Child's Name: _____ Date_____

Printed name_____ Signature_____

WELCOME
to
KENDALL SPEECH AND LANGUAGE CENTER, INC.

I. Photo / Video Release

Please note that our offices are set up with ongoing videotaping. These video tapings may be used for diagnosis, documentation, reference, teaching, and/or research publication.

By signing this form, you are acknowledging your awareness of our videotaping. We thank you in advance for allowing us to share these videos with other staff members.

Please initial all items below that apply to you.

_____ I authorize the use of my child's image for demonstration or for teaching purposes to employees from this office either via print media, on video or television, or on digital media such as compact disc.

_____ This authorization will remain in effect until cancelled. Any future cancellation will not affect the use of images already prepared and released.

_____ I understand that video surveillance is in each therapy room for the safety of all involved.

_____ Personal parental taping of any session via cell phones, camera devices, etc. is strictly prohibited.

II. HIPAA Privacy Regulations/ Receipt of Our Welcome Packet

_____
Initials

I have read and agree to the attached policies of the Kendall Speech and Language Center, Inc. ***and*** I have received my notification of HIPPA Privacy Regulations.

Child's Name: _____

Signature: _____ Date: _____

OUR DIRECTOR

Wendy Nottoli, M.A., CCC, BCaBA has been a certified Speech and Language Pathologist specializing in working with children since 1975. Ms. Nottoli is certified by the HANEN Center, Toronto, Canada, to provide the HANEN Parent Programs: *It Takes Two to Talk, More Than Words*, *Talk Ability* and *Learning Language and Loving It*. Ms. Nottoli has advanced training as an oral motor/feeding therapist. She is a certified provider for the Therapeutic Listening Program and Interactive Metronome. Ms. Nottoli is a certified P.L.A.Y. Consultant. Her work in creating programs for children with Autism Spectrum Disorders, Fragile X, and Childhood Apraxia of Speech is known worldwide. Ms. Nottoli is also Board Certified Assistant Behavior Analyst.

In the past years, Ms. Nottoli was an instructor at Nova Southeastern University in Fort Lauderdale, and is currently an independent speech and hearing consultant for private schools in the Miami area. She is a frequent guest speaker before teacher, parent, and medical groups. She has appeared on several panel discussion shows and authored a column for the Kendall Gazette called "*Ask the Expert*".

Ms. Nottoli formed Kendall Speech and Language Center, Inc. in 1981 to better serve children with communication difficulties.

REFERRAL PROCEDURE

Many times our professional staff feels that additional services or evaluations would be in your child's best interest. We refer to those professionals in the community who we feel would work best with you, your child, and our staff. Please be advised that any recommendations for special services made by the staff of **Kendall Speech and Language Center, Inc.** can be received through Dade County Public Schools. Services for children under the age of three years and who meet additional criteria may also qualify for services through the Early Intervention Program. For information regarding DCPS services, contact FDLRS directly at 305-274-3501.

PAYMENT POLICY

Payment is expected at the conclusion of each therapy session. In the event of a fee increase, you will be notified in writing two months in advance. A $35.00 service charge will be charged to your account for any checks returned from your bank.

REPORTS

Reports prepared on the initial evaluation will take approximately TWO weeks to complete. Your child's therapist will send a report to all professionals involved in your child's case, unless otherwise specified in writing. *In the event that you request duplicate copies, a charge of $5.00 per report will be charged to you.*

BILLING PROCEDURE

This Center will provide you with a monthly statement of all services rendered upon request. It is imperative that you retain this copy for insurance and/or tax purposes. In the event that you request *duplicate* copies, a charge of $5.00 per monthly statement will be charged to you. A late charge of 1.5% will apply to all unpaid balances on the 20th of each month.
Note: Kendall Speech and Language Center, Inc. is out of network with all insurance companies. We do not take insurance; however, we advise all our patients to call their insurance companies ahead of time and ask them if their plan covers out of networks benefits. If so, please contact our Billing Specialist at the Center for more information and guidance.

SCHEDULING OF PATIENTS

Your child's appointment times are decided upon between you and our scheduler, depending on availability. These times will remain the same each week unless otherwise changed prior to that date. If you require a schedule change, please contact our Center in advance, so that we can try to accommodate your requests.

Please be advised that in the event that your child's therapist is ill or needs to cancel due to personal situations, our Center will automatically schedule another one of our therapists to see your child. The continuity of therapy is important to your child's success. Any therapist selected to service your child's case has reviewed your child's needs with his/her therapist and/or our Director. No child is assigned unless there is a therapist who would be able to work effectively with your child. **In the event that you prefer not to have your child scheduled with a different therapist, please send a written letter to our Office Manager, informing her of your preference.**

As the children's school schedules change so do the desires for changes in your therapy schedules. If you desire to keep the same schedule just let us know. We make changes on a first come basis.

- In order for us to ***try*** to accommodate your changes for SUMMER therapy times and days we begin taking requests in **MARCH**.
- In order for us to ***try*** to accommodate your changes for FALL therapy times and days we begin taking requests in **MAY**.

CANCELLATIONS AND NO SHOWS

If your child cannot attend a scheduled appointment, we ask that you notify the Center immediately. If we are **not** notified of the cancellation, **YOU WILL BE BILLED an ADMINISTRATIVE CHARGE of $20.00 FOR THAT APPOINTMENT**. In the event of three cancellations and/or two (2) no shows in a four-week period your child will be removed from the schedule for that time frame. We will gladly work with you to find a time that works for you and your child to maintain consistency of their therapy.

OFFICE COURTESY

We ask that you adhere to the following guidelines:

1. No food or drink is permitted in the waiting room or observation rooms.
2. No cell phone use in the observation and waiting room areas.
3. We request that siblings remain in the waiting room.
4. Observation rooms must remain quiet. Loud talking will disrupt your child during his/her therapy.
5. Just a note to remind you to refrain from wearing perfumes when you are at the Center. Our kids are highly allergic and the perfumes or other creams are what bothers them. Our staff is not allowed to wear them either!

PARKING

All patients are to park in the one (1) hour only parking **NOT** in reserved spaces.

Notice of our Privacy Practices

KENDALL SPEECH AND LANGUAGE CENTER, INC.

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

At Kendall Speech and Language Center, Inc. (KSLC) we are committed to protecting your privacy. Because we respect your privacy, we ask that you please read this important notice. It concerns the privacy of your child's health information when you use the services of Kendall Speech and Language Center, Inc. We recommend that you keep a copy of this notice for future reference.

WHAT IS THE HIPAA PRIVACY RULE?
The Privacy Rule took effect on April 14, 2003. It establishes regulations for the use and disclosure of Protected Health Information (PHI).

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?
PHI is that which is created or received by a health care provider, health plan, employer, or health care clearinghouse that relates to the past, present, or future physical or mental health or condition of an individual. Under the rule, we must make reasonable efforts to limit how we use and disclose information to the minimum amount necessary to accomplish that purpose.

WHAT DOES THE HIPAA PRIVACY RULE DO?
It creates national standards to protect individual's medical records and other personal health information.

WHO IS COVERED BY THIS NOTICE?
This notice describes Kendall Speech and Language Center, Inc. practices and that of:

- Any Speech Language Pathologist, Speech Language Assistant, Occupational Therapist, Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst, Music Therapist, Physical education Teacher / Recreational Therapist, Teacher, and staff member employed by KSLC that is authorized to enter information into your child's treatment record
- All KSLC employees, staff, interns, and students who participate in therapeutic services

These entities may share protected health information, deemed the "minimum necessary to accomplish the intended purpose," for the purpose of treatment, payment, or health system operations described in this notice.

We are required to:

- Ensure that your child's health information is safeguarded
- Provide this notice of our legal duties and privacy practices; and
- Follow the terms of the notice that is currently in effect

PERMITTED USES AND DISCLOSURES OF YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI):
We may use and disclose minimally necessary health information needed for healthcare treatment and business operations. These uses and disclosures are necessary to ensure that all patients receive quality care and to effectively manage this Center.

THE FOLLOWING CATEGORIES DESCRIBE PERMITTED USES AND DISCLOSURE OF YOUR CHILD'S PROTECTED HEALTH INFORMATION:

- **Treatment:** We may use your child's health information to provide him/her with therapy treatment or services. This information may be disclosed to your child's Doctor, Speech Pathologist, Speech Pathologist Assistants, Occupational Therapists, Board Certified Associate Behavior Analyst, and all other personnel who may be involved in the treatment of care for your child.
- **Payments:** We may use and disclose minimally necessary health information, so that services your child receive at this Center may be billed to and payments may be collected from you, and/or a third party.
- **Health Care and Business Operations:** We may use and disclose minimally necessary health information needed for healthcare treatment and business operations. These uses and disclosures are necessary to ensure that all patients receive quality care and to effectively manage this Center.
- **Appointment Reminders:** We may use and disclose minimally necessary information to contact you as a reminder that your child has an appointment for therapeutic services. If you do not wish to receive appointment reminders, please notify our scheduler.
- **Third Party Individuals Involved in Your Child's Care or Payment of Your Child's Care:** We may use and disclose minimally necessary information to third party agencies funding your child's treatment, agencies assisting you in your child's care or payment of your child's care, and/or family member or designated person who is involved in your child's care or payment of your child's care.
- **Special Events:** We may use and disclose photographs of your child during celebrations such as a child's birthday, holiday parties, and other special events. Parents may take photographs of the children during these events; these photographs may be shared and/or posted in the classroom or Center. If you do not wish for your child to be photographed, please contact the Office Manager.
- **Task Presentation:** We may use and disclose photographs of your child during task presentation. We may request that you bring in photographs of your child in order to teach the children to identify themselves or friends in a picture, find a friend using a picture, respond to "what's your name", or other task related situation.
- **Fundraising Activities:** We may use and disclose minimally necessary information, as an effort to raise money for the various organizations (i.e., N.A.A.R.). If you do not wish to be contacted for fundraising efforts, you must notify, in writing, to the Kendall Speech and Language Center, Inc. 10743 S.W. 104 Street, Miami, FL 33176. If you do not wish to have your information disclosed please contact the Office Manager.
- **Research:** Use and disclosure of minimally necessary information about you for research purposes. All research projects are subject to a special approval process. If you do not wish for your child to be video-taped, please contact the Office Manager.

THE MINIMUM NECESSARY PROVISIONS DO NOT APPLY TO THE FOLLOWING:

- Uses or disclosures that are required by law
- Child abuse or neglect
- Persons at risk of contracting or spreading a disease
- Disclosures to or requests by a health care provider for treatment purposes
- Disclosures to the individual who is the subject of the information
- Uses or disclosures made pursuant to an authorization requested by the individual
- Uses or disclosures required for compliance with the HIPAA transactions
- Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the rule for enforcement purposes

USES OF INFORMATION THAT REQUIRE AUTHORIZATION

Right to Review and Copy: You have the right to review and/or obtain a copy of your child's protected health information. You must submit this request in writing to the Office Manager of the Center. If you request this information, there is a nominal charge associated with the request. This will cover costs of copying and mailing documentation.

Right to Request Amendment: You have the right to request an amendment to any protected health information that you feel is incorrect or incomplete. This request will be considered, however, we are not obligated to change information. If we are not in accordance, we will include documentation in the record indicating your reasons for the request and reasons why we believe the information should not be changed.

Right to Request Restriction: You have the right to request a restriction or limitation in how we use and disclose health information in regard to your child's treatment, payment, and/or health system operations. We are not required to agree to a restriction but we are bound to any restriction to which we agree.

Right to Request Confidential Communication: You have the right to request that we communicate with you about your child's health information by alternative means or alternative locations. For example, you can ask that we only contact you by mail or at work rather than at home. This request for confidential communication must be made in writing and we must accommodate reasonable requests.

Right to a Paper Copy of this Notice: You have a right to obtain a copy of this notice. Although this notice will be posted at the Center at all times, you may ask a staff member if a copy is needed.

Changes to this Notice: Kendall Speech and Language Center, Inc. reserves the right to change this notice. We reserve the right to make any changes to this notice to be effective immediately. A revised notice will be immediately posted at the Center. A copy of the revised notice can be requested and made available to you.

Complaints: If you believe that your rights have been violated, you may file a complaint by contacting our Privacy Officer and/or by contacting the U.S. Office of Civil Rights, Washington, D.C. All complaints must be in writing. You will not be penalized for filing a complaint.