



The Stewart Center

1830 Kersten Dr.
Houston, TX 77043
Phone: (713) 973-1842
Fax: (713) 973-1970

Information for Clients of The Stewart Center (version 05/18/2020)

Welcome to The Stewart Center! We appreciate you giving us the opportunity to be of service to you, your child, or your family. This brochure answers questions that clients often ask about assessment and therapy. We believe our work will be most helpful to you or your child when you have a clear idea of what we are trying to accomplish together.

This handout talks about the following:

- The goals, risks and benefits of assessment and therapy.
- Our methods of treatment and how long therapy might take.
- How much our therapy and assessment services cost.
- How we handle money matters.
- Other important areas of our relationship.

After you read this handout, we can talk in person about how these issues apply to you or your child.

This handout is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this handout, we will ask you to sign it at the end. One of us will sign it as well and make a copy, so we each have one.

About Assessment

We believe you should feel comfortable with the assessment process and hopeful about the information that will come from assessment. When you feel this way, the assessment process is more likely to be very helpful to you, your child, or your family.

We view the assessment process as a way to learn about an individual's strengths and challenges. By identifying these strengths and challenges, we can recommend specific courses of treatment aimed at remediating the challenges or reducing the impact that the challenges have on someone's life. The assessment process can also answer questions that you may have about yourself or your child. Answering questions about development, personality, behavior, or specific job skills can also lead to more informed decision making and future planning for yourself or your child.

Certain paperwork is required to be completed prior to the assessment. An assessment may need to be canceled or rescheduled if this paperwork is not completed.

The assessment may take place over several sessions so that you or your child do not get too tired. If you or your child are not your usual selves on the day of evaluation, please let us know. There is nothing you or your child need to do to "prepare" or study for the assessment; however, we recommend that the person being evaluated get a good night's sleep and eat breakfast before the evaluation. If you or your child take medication regularly, you should also take this medication on the day of the evaluation unless we have discussed otherwise. You may want to pack a drink and snacks for breaks. If the person being assessed wears glasses or a hearing aid, please make sure these are present on the evaluation day. It may help to prepare a child for the assessment by telling him or her that they are "going to do some school work and some fun things with someone new."

You will receive the results of every test that we do in the form of a written report. We can give this report at a feedback meeting where we can discuss the results and what they mean as well as answer any questions that you may have. If your child is assessed, the feedback meeting typically occurs with the parents; however, we are happy to provide developmentally appropriate feedback to your older child. Just let us know and we will gladly schedule a second appointment. When at all possible, both parents are requested to attend our meetings.

Psychological, Developmental, Diagnostic, and Educational Assessments:

Before we begin the assessment process, we will meet with you and determine your specific goals or questions for the assessment. When we assess someone, we must always have a reason for doing so. Then, we only administer the measures needed to answer that question or tell us more about the reason for assessment. At our meeting where we determine what measures will be most helpful, we will give you a specific estimate for the cost of the assessment. Most assessments cost anywhere from \$1,500 to \$2,500 but could be more expensive depending on the assessment questions and age of the individual to be assessed.

Speech Assessments:

Speech-language assessment services are conducted by appropriately credentialed and trained Speech-Language Pathologists. Most assessments cost around \$525 but could be more or less expensive depending on the specific questions and age of the individual to be assessed.

Speech therapy assessments may be static (i.e., using procedures designed to describe current levels of functioning within relevant domains) or dynamic (i.e., using hypothesis testing procedures to identify potentially successful intervention and support procedures) and include the following:

- relevant case history, including medical status, and socioeconomic, cultural, and linguistic backgrounds.
- review of auditory, visual, motor, and cognitive status.
- standardized and/or non-standardized methods selected with consideration for ecological validity, such as:
 - parent response instruments and observational instruments that examine early communication, pre-speech and language, and early speech-language behaviors;
 - criterion-referenced developmental scales;
 - description of samples of play behavior and nonverbal and early speech-language interactions with caregivers and others;
 - caregiver interview;
 - contextualized behavior and functional-communication observations.
- recommendations and/or referrals for follow-up services to monitor cognitive-communication-motor status and ensure appropriate intervention and support for individuals with identified communication impairments or high risks of communication developmental difficulties.

Occupational Therapy Assessments:

Occupational therapy assessment services are conducted by appropriately credentialed and trained Occupational Therapists. Most assessments cost around \$425 but could be more or less expensive depending on the specific questions and age of the individual to be assessed.

Occupational therapy assessments include an individualized evaluation where the client, family, and occupational therapist work together to determine goals for a customized intervention to improve the client's ability to perform daily activities. Occupational therapy assessments may include:

- a review of relevant case history, including past and current medical, auditory, visual, motor, and cognitive status;
- standardized and/or non-standardized methods selected with consideration for ecological validity, such as:
 - comprehensive evaluations of the client's school, home, and/or other environments;
 - parent response instruments and observation to examine sensory-motor development, motor skills

- planning, and activities of daily living;
 - caregiver interview;
 - contextualized behavior and functional observations.
- recommendations for adaptive equipment and training in its use;
- guidance and education for family members and caregivers;
- customized goals to improve the person's ability to perform daily activities;
- recommendations for adapting the environment to fit the person;
- recommendations and/or referrals for occupational therapy services;
- recommendations and/or referrals for follow-up services from other disciplines (e.g., physical therapy, speech therapy, optometry, medical, and the like);
- an outcomes evaluation to ensure that the goals are being met and/or to make changes to the intervention plan (in follow-up assessments).

The Benefits and Risks of Assessment

As with any powerful knowledge, there are some risks as well as many benefits with assessment. You should think about both the benefits and risks when making assessment decisions. For example, because of an assessment, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. During the assessment process, clients may be asked to do things that are hard, such as difficult math problems and puzzles or talk about difficult feelings or times. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone seeking assessment as weak, less capable, or impaired. Assessment may cause disruption to a marital relationship and sometimes may even lead to a divorce. Sometimes, an adult client's problems may temporarily worsen after receiving assessment results. When a child is assessed, parents may experience feelings of grief, disappointment, sadness, or anger after receiving assessment results. Most of these risks are to be expected when people are receiving information about questions or difficulties in their lives. Finally, even with our best efforts, there is a risk that the assessment may not fully answer the question or provide the answer that you hoped for.

While you consider these risks, you should know also that the benefits of assessment have been well accepted as worth the risks. People who have been struggling may find their mood lifting when they learn why things have been difficult for them. Parents may feel relief that they have a diagnosis for their child and treatment recommendations. Some people's relationships and coping skills may improve greatly when they learn about their own strengths and challenges. Family relationships may improve as parents learn how to best help their children. The stress of school may be reduced when recommendations for the school are applied. We do not take on clients that we do not think we can help by making informed treatment recommendations. Therefore, we enter our relationship with optimism about the assessment process.

About Therapy

We strongly believe you should feel comfortable with the provider you choose for yourself, your family, or your child, and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful to you. Let us describe how we see therapy.

Psychotherapy/Counseling:

Our theoretical approach is based on developmental, cognitive, behavioral and ecological principles. Developmental refers to the physical, emotional, social, and behavioral stages that each individual goes through as they mature. Cognitive refers to the patterns of thinking and beliefs that we all have about the world, ourselves, and others. Behavioral refers to the outward and inward patterns of behavior that are observed or inferred by our actions, and ecological refers to the interactions of important systems that we all live in, such as our families, schools, and communities. We believe that each of these principles work together to create a person's unique ways of thinking, feeling, and behaving.

The most central ideas in our work are that people are good and on unique paths to fulfilling their potential. The goals of our treatment are to help our child, family, and adult clients reach their potential by maximizing their strengths and working around or remediating their challenges.

The type of therapy we generally do is called Cognitive-Behavioral Therapy. Though, depending on the particular needs of the individual, other specific therapies may be used. Most of those therapies are also closely related to Cognitive-Behavioral Therapy. Art Therapy and/or creative processes may also be used by credentialed providers.

By the end of your first or second session, your provider will tell you how he or she sees your case at this point and how they think treatment should proceed. We view therapy as a partnership between the provider and client. You define the problem areas to be worked on; we use some special knowledge to help you make the changes you want to make. Therapy is not like visiting a medical doctor. If we work with you, it requires your very active involvement. If we work with your child, it requires you and your child's very active involvement. It will take you and/or your child's best efforts to change thoughts, feelings, and behaviors.

You and your provider will plan your work together. In the provider's treatment plan, he or she will list the areas to work on, goals, methods to use, time and money commitments and agreements, and some other things. Your provider expects you both to agree on a plan and work hard to follow it. From time to time, you and your provider will look at your progress and goals. If you or they think it is needed, together you can change the treatment plan, its goals, or its methods. If we are working with your young child, this process takes place with you. With older children, the process may involve you and your child, or may just involve your child. We will determine who is involved in this process at our first meeting.

Your provider will usually take notes during your meetings. You may find it useful to take your own notes, and also to take notes outside the office.

An important part of your therapy will be practicing new skills that you or your child will learn in sessions. We will ask you and/or your child to practice outside our meetings, and we will work together to set up homework assignments. We might ask you or your child to do exercises, keep records, and read to deepen your learning. You or your child will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and we will need to work together and keep trying. There are no instant, painless cures and no magic pills. However, you or your child can learn new ways of looking at your life that will be very helpful for changing your feelings and reactions.

Most of our clients see their provider once a week for 3 to 4 months. After that, we meet less often for several more months. Then, therapy usually comes to an end. The process of ending therapy, called termination, can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in you or your child's best interest. If you wish to stop therapy at any time, we ask that you (*and* your child, if he or she is the client) agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a time out from therapy to try things on your own, we should discuss this to make such a break from therapy more helpful.

Speech Therapy:

Speech therapy services are conducted by appropriately credentialed and trained Speech-Language Pathologists, or Speech-Language Pathology Assistants under appropriate supervision. For students of The Westview School, Speech therapy is scheduled during your child's school day, although some services may be requested at a mutually agreed upon time that differs from the school day. This is determined by the Speech-Language Pathologist and/or schedule availability. Preferences will be taken into consideration but cannot be guaranteed to be accommodated.

All families seeking speech therapy for their child are required to provide or schedule an initial assessment in the area of speech therapy. Speech therapy may not be recommended or initiated without first completing an

assessment. Assessments may be required up to every 6 months but may be recommended less frequently by your Speech-Language Pathologist. They are needed to determine continued need for speech therapy, to develop and adjust goals, and/or to provide recommendations as needed. It is important to monitor progress and adapt a plan of treatment to best meet the changing needs of your child. The Speech-Language Pathologist will provide results for the parent to review. If you have questions, your child's Speech-Language Pathologist will be happy to address them with you.

The Stewart Center may accept outside speech-language assessments, provided they are completed by a licensed Speech-Language Pathologist, provide adequate data with which to develop a treatment plan/goals, and are completed within 6 months of the date speech therapy services are to begin. In accordance with best practices, assessment data drives therapy goals to most effectively meet the needs of your child. Therefore, it is important that we have thorough and detailed assessment data prior to initiating speech therapy. If an outside speech-language assessment is provided that does not include sufficient information to develop an informed treatment plan and goals or does not represent the current functioning of your child, we may ask for additional testing.

After reviewing an assessment, the Speech-Language Pathologist will utilize the current assessment to determine appropriate goals to target during therapy. Therapy goals are determined by factors including, but not limited to the following: developmental milestones, areas that will improve social/academic success, functional goals to access curriculum, goals to improve social skills across a variety of environments, goals to improve expressive or receptive language skills, and goals to improve feeding/swallowing difficulties.

Speech therapy can be provided in a variety of settings, and each setting is unique in how and where therapy is recommended or implemented. Therapy can differ based on the organization providing the service, the age of the child, the developmental level of the child, the specific speech and language concerns (i.e., articulation vs. social skills), the severity of the speech and language concerns, the child's temperament, the child's learning style, and the child's Speech Therapist.

The Stewart Center provides speech therapy utilizing a clinical model; however, our model maintains a close connection with the school model and encourages collaboration amongst parents, teachers, and other staff members that can support the carryover and generalization of speech and language skills.

Speech Therapists at The Stewart Center provide services or therapy to assist with the following:

- Oral language comprehension
- Oral language production
- Articulation/Phonology
- Childhood apraxia of speech
- Written language comprehension
- Written language production
- Social communication (pragmatics)
- Fluency
- Voice
- Feeding aversion
- Swallowing

At The Stewart Center, speech therapy is meant to be a collaborative endeavor and parent concerns and input are encouraged in helping to develop your child's plan of speech therapy with a Speech-Language Pathologist. Speech therapy progress/data is provided in writing and sent to the family. Speech-Language Pathologists will utilize a speech therapy note to update families. This speech therapy note may also service as necessary documentation when filing for insurance reimbursement for a speech therapy service.

Speech therapy will not be effective unless consistent and regular, therefore attendance is extremely important. If more than 3 unexcused absences are observed during the course of the school year calendar, our speech therapy team will no longer be able to hold appointments, and the appointment time will be given to the next child on the waiting list. If the regular appointment time is difficult to attend, please speak with your Speech Therapist to consider changing the time of therapy.

Some children may be ineligible to receive reimbursement from their insurance companies. However, parents can choose to enroll their child in speech therapy services at their own expense after a speech-language assessment if there have been determined weaknesses in the area of speech and language.

All families have the right to discontinue speech services for their child at any time. If services are discontinuing for summer months, alternative guidelines may apply. Those children may reinstate speech services at the beginning of the following school year, given that they have a current evaluation, or they may schedule an evaluation. Availability for reinstating services is not guaranteed and will depend upon the provider's schedule and availability.

Occupational Therapy:

Occupational therapy services are conducted by appropriately credentialed and trained Occupational Therapists, or Occupational Therapy Assistants under appropriate supervision. For students of The Westview School, Occupational therapy is scheduled during your child's school day, although some services may be requested at a mutually agreed upon time that differs from the school day. This is determined by the Occupational Therapist and/or schedule availability. Preferences will be taken into consideration but cannot always be accommodated.

Occupational therapy can be provided in a variety of settings, and each setting is unique in how and where therapy is recommended or implemented. Therapy can differ based on the organization providing the service, the age of the child, the developmental level of the child, the specific concerns (i.e., motor planning vs. activities of daily living), the severity of the concerns, the child's temperament, the child's learning style, and the therapist.

The Stewart Center provides occupational therapy utilizing a clinical model; however, our model maintains a close connection with the school model and encourages collaboration amongst parents, teachers, and other staff members that can support the carryover and generalization of skills and supports.

Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting the environment to fit the person, and the person is an integral part of the therapy team. Occupational therapy practitioners ask, "What matters to you?" not, "What's the matter with you?" Occupational therapy services typically include:

- an individualized evaluation to determine the client's goals,
- customized intervention to improve the client's ability to perform daily activities and reach the goals, and
- an outcome evaluation to ensure that the goals are being met and/or make changes to the intervention plan.

Occupational Therapists and Occupational Therapy Assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). At The Stewart Center, occupational therapy interventions include helping children and individuals participate fully in school and social situations through services or therapy that address the following:

- motor coordination and motor planning,
- gross- and fine-motor skills,
- physical strength,
- balance,
- sensory processing,
- coping strategies for dealing with sensory aspects of the environment,
- activities of daily living (such as eating, dressing, and moving from place to place),
- developing functional skills.

At The Stewart Center, occupational therapy is meant to be a collaborative endeavor and parent concerns and input are encouraged in helping to develop your child's plan of therapy with an Occupational Therapist. Occupational therapy progress/data is provided in writing and sent to the family. Occupational therapists will utilize an occupational therapy note to update families. This occupational therapy note may also serve as necessary documentation when filing for insurance reimbursement for occupational therapy services.

Occupational therapy will not be effective unless consistent and regular, therefore attendance is extremely important. If more than 3 unexcused absences are observed during the course of the school year calendar, our occupational therapy team will no longer be able to hold appointments, and the appointment time will be given to

the next child on the waiting list. If the regular appointment time is difficult to attend, please speak with your Occupational Therapist to consider changing the time of therapy.

Some children may be ineligible to receive reimbursement from their insurance companies. However, parents can choose to enroll their child in occupational therapy services at their own expense if there have been determined weaknesses in one or more areas addressed by occupational therapy.

All families have the right to discontinue occupational therapy services for their child at any time. If services are discontinuing for summer months, alternative guidelines may apply. Those children may reinstate occupational therapy services at the beginning of the following school year, space permitting. Availability for reinstating services is not guaranteed and will depend upon the provider's schedule and availability.

The Benefits and Risks of Therapy

Psychotherapy/Counseling:

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions for you or your child. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as sick, or even someone to avoid. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you or your child.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. These benefits have been shown in studies with children and adults with a variety of cultural backgrounds and many different problems. We can discuss the research relevant to you or your child's unique situation at one of our first meetings if you would like. We do not take on clients we do not think we can help. Therefore, we enter our relationship with optimism about our work together.

Speech Therapy:

Speech therapy is prompted by referral or request, including by the parent or client. Clients of all ages may receive intervention or consultation services when there is reduction in the ability to communicate effectively, and when there is a reasonable expectation of benefit to the individual in body structure, function, activity, or participation.

Speech therapy is expected to result in reduced barriers, improved abilities, and measurably enhanced functioning and participation. However, the size of these gains or gains themselves cannot be predicted or guaranteed. Speech therapy services may also result in recommendations for reassessment or follow-up, or in a referral for other services. At times, these recommendations or referrals may be difficult for parents to hear or cause them unintentional upset. Parents may also feel saddened, helpless, or angry if their child's progress in speech therapy is slow or halting. However, most parents feel relief and joy as their child makes gains in his/her communication. Depending on assessment results, speech therapy may address the following:

- Knowledge and use of verbal and nonverbal pragmatic rules of communication in varied communication situations.

- Knowledge and application of phonological and prosodic differences.
- Use of effective listening skills.
- Knowledge of cultural influences on communication.
- Increased ability to use speech and language skills within academic, vocational, and social contexts.
- Analysis of the cognitive and communication demands of relevant social, academic and/or vocational tasks and contexts, and subsequent appropriate strategies for modifying communication.
- Voice care and techniques for modulating intensity, pitch, and quality without inducing strain.

Occupational Therapy:

Occupational therapy is prompted by referral or upon request, including parent or self-referral. Individuals of all ages may receive intervention and/or consultation services when there is an identified or perceived reduction in the ability to function effectively in the environment, and when there is a reasonable expectation of benefit to the individual in body structure, function, activity, or participation.

Occupational therapy is expected to result in reduced barriers, improved abilities, and measurably enhanced functioning and participation. However, the size of these gains or gains themselves cannot be predicted or guaranteed. Occupational therapy services may also result in recommendations for reassessment or follow-up, or in a referral for other services. At times, these recommendations or referrals may be difficult for parents to hear or cause them unintentional upset. Parents may also feel saddened, helpless, or angry if their child's progress in occupational therapy is slow or halting. However, most parents feel relief and joy as their child makes gains in his or her functional abilities during the course of occupational therapy.

What to Expect from Our Relationship

As a professional, your provider will use his or her best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA), the American Speech-Language-Hearing Association (ASHA), the American Occupational Therapy Association (AOTA), or other professional associations. In your best interests, these associations put limits on the relationship between a provider and a client, and we will abide by these. Let us explain these limits, so you will not think they are personal responses to you or your child.

First, providers at The Stewart Center are licensed and trained or in training to practice psychology, speech-language pathology, and/or occupational therapy—not law, medicine, finance, or any other profession. We are not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of our professional associations require your provider to keep what you tell him or her confidential (that is, just between us). You can trust them not to tell anyone else what you tell them, except in certain limited situations. We explain what those are in the “About Confidentiality” section of this handout. Here, we want to explain that we try not to reveal who our clients are. For example, if you and your provider meet on the street or socially, they may not say hello or talk to you very much. Their behavior will not be a personal reaction to you or your child, but a way to maintain the confidentiality of the relationship. This is part of your provider's effort to maintain you or your child's privacy.

Third, in your best interest, and following our professional associations' standards, your provider can only be your provider. They cannot have any other role in your life. They cannot, now or ever, be a close friend to or socialize with any of their clients. A provider cannot be a provider to someone who is already a friend. They can never have a sexual or romantic relationship with any client during, or after, the course of therapy. They also cannot have a business relationship with any clients, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, we want you to understand and agree that your or your child's provider will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) Your provider's statements will be seen as biased in your favor because you have a therapy relationship; and (2) the testimony might

affect the therapy relationship, and providers must put this relationship first.

Even though you might invite your provider, he or she will not attend your family gatherings, such as parties or weddings. Per our professional code of ethics, your or your child's provider will not give gifts, and may not notice or recall your birthday. Finally, your provider and other employees of The Stewart Center will reject 'friend' requests from you or your child on social networking sites. This is our way of maintaining your privacy, keeping our professional relationship from becoming personal, and modeling appropriate boundaries with adults for our clients who are minors.

If you could benefit from a treatment one of us cannot provide, we will help you to get it. You have a right to ask us about such other treatments, their risks, and their benefits. Based on what your provider learns about you or your child's problems, he or she may recommend a medical exam or use of medication. If they do this, they will fully discuss their reasons with you, so that you can decide what is best. If you are treated by another professional, your provider will coordinate services with them and with your own medical doctor.

If, for some reason, treatment is not going well, your child's provider might suggest you see another provider or another professional for an evaluation. As a responsible person and ethical provider, your provider cannot continue to treat you or your child if the treatment is not working. If you wish for another professional's opinion at any time, or wish to talk with another provider, we will help you find a qualified person and will provide him or her with the information needed.

If your or your child's provider must discontinue the relationship because of illness, disability, or other presently unforeseen circumstances, we ask you to agree to our transferring the records to another provider who will assure their confidentiality, preservation, and appropriate access. Every effort will be made to transfer records to a provider at The Stewart Center, when possible.

About Telehealth Appointments

In some situations, we may mutually agree that our work is best accomplished using a telehealth interface. This may include telephone and/or video-conferencing technology. Our video-conferencing service is accessed through our HIPAA-complaint electronic health record system, TheraNest. This interface uses the TokBox platform, which is also HIPAA-compliant. In some cases, we may also employ other technologies to facilitate our work. If this is necessary, your clinician will discuss with you the platform, its intended use, and any limitations and/or risks involved. For telehealth services, you will need a device with a connected camera and microphone, such as a laptop, smartphone, or personal computer with attached audio/visual equipment. We will not record any part of the session without your clear and specific consent. We expect that you will not record sessions either.

Telehealth appointments can be convenient and allow us to work together in new and flexible ways. However, there are some important differences between in-person and telehealth sessions. For example, while our virtual platform is HIPAA-compliant, this does not extend to your physical location. We will not engage in telehealth services if we cannot provide adequate privacy for your information (i.e., behind a closed door, with headphones/microphone, etc.) and we will encourage you to do the same. At a minimum, we ask that you find a quiet, private place that is free from distractions. Similarly, we recommend using a private and secure internet connection rather than public/free Wi-Fi. We also ask that you help us develop a "back up plan," such as a phone number where you can be reached, in the event of technical problems. If needed, we will also ask for your help in setting up a safety plan for use in emergency situations, which might include one or more designated emergency contacts and the location of the closest medical emergency department.

Just as with in-person appointments, it is important that you are on-time. If you need to cancel or change your telehealth appointment, we ask that you contact us in advance by phone or email. If the client is a minor or subject to a guardianship arrangement, we will need the permission of a parent or legal guardian to begin telehealth sessions. You may also wish to contact your insurance company to verify telehealth benefits, as these can differ from benefits for in-person appointments. If we, as clinicians, feel that the telehealth modality is no longer appropriate, we may choose to discontinue telehealth appointments and recommend a return to in-person sessions.

About Confidentiality

We will treat what you tell us with great care. Our professional ethics (that is, our rules about values and moral matters) and the laws of this state prevent us from telling anyone else what you tell us unless you give written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy and assessment services. But we cannot promise that everything you tell us will never be revealed to someone else. There are some times when the law requires us to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because we want you to understand clearly what can and cannot be kept confidential. You need to know about these rules now, so that you don’t share something as a “secret” that cannot be kept secret. Please read these pages carefully and keep this copy. At our meeting, we can discuss any questions you might have about confidentiality.

1. **If you (or your child) or other persons are in physical danger**, the law requires us to tell others about it.
 - a. If you or your child are threatening serious harm to another person, we are required to try to protect that person. We may have to tell the person and the police, or perhaps try to have you or your child put in a hospital.
 - b. If you or your child seriously threaten or act in a way that is very likely to harm yourself, we may have to seek a hospital, or to call on family members or others who can help protect you or your child. If such a situation does come up, we will fully discuss the situation with you before we do anything, unless there is a very strong reason not to.
 - c. In an emergency where you or your child’s life or health is in danger, and we cannot get your consent, we may give another professional some information to protect your life. We will try to get your permission first, and we will discuss this with you as soon as possible afterwards.
 - d. If we believe or suspect that you or your child are abusing a child, an elderly person, or a disabled person we must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. We do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be you or your child’s situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.
 - e. In any of these situations, we would reveal only the information that is needed to protect you or the other person. We would not tell everything you have told us.

2. In general, **if you or your child become involved in a court case or proceeding**, you can prevent your provider from testifying in court about what you have told him or her. This is called “privilege,” and it is your choice to prevent or to allow them to testify. However, there are some situations where a judge or court may require them to testify:
 - a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt.
 - b. In cases where you or your child’s emotional or mental condition is important information for a court’s decision.
 - c. During a malpractice case or an investigation of The Stewart Center employee or another provider by a professional group.
 - d. In a civil commitment hearing to decide if you or your child will be admitted to or continued in a psychiatric hospital.
 - e. When receiving services for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don’t have to tell us what you don’t want the court to find out through our report.
 - f. If you or your child were sent to us for an Independent Educational Evaluation by a school district (paid for by a district) we will be sending the report to a representative of that agency and it can contain anything that you tell us. Although we believe the school district will act morally and legally, we cannot control who sees this information after it leaves our office.

3. There are **a few other things** you must know about confidentiality and you or your child’s treatment:
 - a. We may sometimes consult (talk) with another professional about you or your child’s assessment or

treatment. This other person is also required by professional ethics to keep your information confidential.

- b. If you or your child's provider is out of town or unavailable, another provider will be available to help. We must give him or her some information in order for that person to be helpful.
- c. We are required to keep records of you or your child's treatment, such as the notes taken during meetings. You have a right to review these records with us. If something in the record might seriously upset you, we may leave it out, but we will fully explain the reasons to you. We ask you to understand and agree that you may not examine records created by anyone else and then sent to us.

4. Here is what you need to know about confidentiality **in regard to insurance and money matters:**

- a. If you use your health insurance to pay part of the fees, the insurance company, the managed care organization, or perhaps your employer's benefits office will require us to provide information about you or your child's functioning in many areas of life, social and psychological history, and current symptoms. We will also be required to provide a treatment plan for your or your child's problems and information on how you or your child are doing in therapy.
- b. We usually send you the bill and ask you to send these to your insurance company to file a claim for your benefits. That way, you can see what the company will know about the services you or your child receive. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although we believe the insurance company will act morally and legally, we cannot control who sees this information after it leaves our office. You cannot be required to release more information just to get payments.
- c. If you or your child's account with The Stewart Center is unpaid and we have not arranged a payment plan, we can use legal means to get paid. The only information we will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due.

5. **Children and families create some special confidentiality questions.**

- a. When we treat children under the age of 12, we must tell their parents or guardians whatever they ask. As children grow more able to understand and choose, they assume more legal rights. For those between the ages of 12 and 18, most of the details and things they tell us will be treated as confidential. However, parents or guardians do have the right to general information, including how therapy is going and the assessment report. They need to be able to make well-informed decisions about therapy. We may also have to tell parents or guardians some information about other family members that we are told, especially if these others' actions put them or others in any danger.
- b. In cases where we treat several members of a family (for example: parents and children, siblings, or other relatives), the confidentiality situation can become very complicated. We may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes and the provider's role. Then we can be clear about any limits on confidentiality that may exist.
- c. If you tell your provider something your spouse does not know, and not knowing this could harm him or her, we cannot promise to keep it confidential. We will work with you to decide on the best long-term way to handle situations like this.
- d. If you and your spouse have a custody dispute, your provider will need to know about it. Our professional ethics prevent us from doing both therapy and custody evaluations.
- e. If you are receiving services for marriage or family therapy, you must agree at the start of treatment that if you eventually decide to divorce, you will not request the provider's testimony for either side. The court, however, may order the provider to testify.
- f. At the start of family treatment, we must also specify which members of the family must sign a release form for the common record we create in the therapy or therapies. (See point 7b, below.)
- g. In the case of a minor child whose parents are divorced, is living with relatives, is a foster child, is in adoptive placement, or otherwise involves multiple caregivers and/or households, legal documents determining custody must be presented prior to therapy or assessment. Written consent from the legal guardian is required to share information with other adults involved in the child's life. In the cases of joint custody, the signatures of both guardians are required to begin therapy or assessment

services, and/or release records unless otherwise stated by the legal document.

- h. You have the right to ask that your information not be shared with family members or others, and in most cases, your provider can agree to that limitation.
6. **Confidentiality in group therapy is also a special situation.** In group therapy, the other members of the group are not providers. They do not have the same ethics and laws that psychology providers have to work under. You cannot be certain that they will always keep what you or your child say in the group confidential.
7. Finally, here are a few other points:
 - a. We will not record our sessions on audiotape or videotape without your written permission.
 - b. If you want us to send information about therapy or assessment to someone else, you must sign a “release-of-records” form. We have copies you can see, so you know what is involved.
 - c. Any information that you tell us or share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

Except for situations like those we have described above, we will always maintain you or your child’s privacy. We also ask you or your child not to disclose the name or identity of any other client being seen in this office. Our office staff makes every effort to keep the names and records of clients private. We will try never to use you or your child’s name on the telephone if clients in the office can overhear it. All staff members who see you or your child’s records have been trained in how to keep records confidential.

The laws and rules on confidentiality are complicated. Please bear in mind that we are not able to give you legal advice. If you have special or unusual concerns, and so need special advice, we strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

Your signature at the end of this handout shows that we each have read, discussed, understood, and agreed to abide by the points presented above.

Consultations

It may be beneficial for us to confer with you or your child’s primary care physician or psychiatrist with regard to treatment or to discuss any medical problems for which you are receiving treatment. We sometimes consult other providers or other professionals about clients. This helps us in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand the situation.

If your or your child’s provider is a psychologist in training at The Stewart Center, he or she is expected to consult regularly with the licensed, supervising psychologist about your or your child’s case. This ensures that you or your child are receiving high quality care. In the event that this consultation involves other professionals or trainees, names will not be used. In the case of assessment with a psychologist in training, you will have the opportunity to meet the supervising psychologist at the initial or final consultation. In the case of therapy, the supervising psychologist will probably be at the initial meeting where you are oriented to therapy but will not usually attend future sessions. Instead, these sessions may be recorded so that the supervising psychologist can assure you or your child receives high quality treatment. If this applies to you or your child’s treatment, we will let you know.

For the purpose of the consultations described above, your provider may want to make audio recordings of your or your child’s therapy sessions. The provider will review the recordings with the consultant or supervising psychologist to assist with treatment of you or your child. We will ask your permission to make any recording. We promise to keep them in a safe location and to destroy each recording as soon as it is no longer needed, or, at the latest, when we destroy your case records. You can refuse to allow this recording or can insist that the recording be edited. These materials will be presented only to other health care professionals and to their students. All of these persons are bound by federal and state laws and professional rules about clients’ privacy. You or your child will receive no financial benefit from the use of the materials. If you do not agree to the uses of these materials or the

recording of meetings as indicated, you or your child will not be penalized in any way, and it will not affect the care received in any way. You or your child may ask for the recording to be turned off or erased at any time during our meetings. Within 5 days following a meeting, you may choose to request a viewing of the recording with the provider. You may then ask for the recording to be destroyed. If you choose to ask this, you must do so in writing within 5 days following the viewing.

If you allow the audio recording of sessions or use of your or your child's records for training or supervision purposes, we do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, we would conceal you and your child's identity by one of the following methods:

- Reporting the results as grouped data (that is, publishing only numbers like averages, and not publishing any individual's scores or names).
- Removing (or, if this is not possible, greatly changing) all names, dates, places, descriptions, or any other information by which you or anyone else involved could be identified. In particular, we will not use, or allow anyone else to use, you or your child's real name in any presentation of any of these materials.
- Using any other methods for maintaining confidentiality appropriate to the medium, such as electronically concealing someone's face or altering his or her voice.
- Using other methods (including those not yet available) that would be consistent with our professional code of ethics and professional guidelines for the maintenance of confidentiality.

Our Backgrounds

Natalie T. Montfort, PhD – I graduated *summa cum laude* and as valedictorian of the College of Liberal Arts and Sciences at the University of Houston with a Bachelor of Science Degree in Psychology. I earned a Master of Arts Degree and a Doctor of Philosophy Degree in Clinical Psychology from Fielding Graduate University. I completed my doctoral internship with the University of Texas Health Science Center at Houston's Department of Psychiatry and Behavioral Sciences and my post-doctoral fellowship at The Stewart Center at The Westview School. I obtained licensure as a Clinical Psychologist in 2016. I have worked with children and young adults with ASD since 2002 and have training in Cognitive Behavioral Therapy (with children, adolescents, and adults), Trauma-Focused Cognitive Behavioral Therapy, Relationship Development Intervention, Social Thinking, behavior modification (including Applied Behavior Analysis), and education/educational assessment. My areas of interest include assessment of children, adolescents, and adults; cognitive and behavioral differences in children with neurodevelopmental disorders; treatment of adoption-related issues; treatment of childhood trauma; and animal-assisted therapy. I also enjoy providing professional development, trainings, and lectures on these and other topics to a wide variety of audiences.

D. Kenneth Montfort, PhD – I received my Bachelor of Arts, with a major in Psychology and a minor in Educational Studies from what is now the College of Idaho in 2002. I went to work at the Judevine Center for Autism in St. Louis, Missouri, where I was a program manager for a residential supported living program for adults with autism for 2 years. I then moved to Houston, where I worked as a research coordinator in a private practice that specialized in Relationship Development Intervention (RDI®) for 2 years. In 2006, I came to teach at The Westview School. After several years, I moved into a position as a Behavior Specialist. I received my Master of Arts Degree in Clinical Psychology from Fielding Graduate University in 2012 and attended my pre-doctoral internship at the University of Texas Health Science Center at Houston, in their Psychiatry department during the 2016-2017 academic year before returning to The Stewart Center full-time. I graduated *magna cum laude* with my PhD in clinical psychology from Fielding Graduate University in 2018 and obtained full licensure as a Clinical Psychologist in 2019. My training includes Solution-Oriented Brief Therapy, Cognitive Behavioral Therapy, Family Systems Therapy, and behavior modification (Applied Behavior Analysis). My clinical interests include family functioning and parental stress, parent coaching, improving quality of life for individuals with developmental disabilities, clinical assessment, and community awareness/education.

Jacqueline Casper, MS, CCC-SLP – I received my Bachelor of Science and Master of Science in Speech Pathology from Baylor University in 2011. I completed my graduate externship placements in an inpatient rehabilitation hospital and stroke unit; treating patients with cognitive, feeding, and swallowing difficulties. In addition, my

graduate externship practice also included a school setting, a clinical setting, and research in literacy milestones within the bilingual population. I also have out-of-graduate experience in language and literacy, adult inpatient rehabilitation/stroke care, and bilingual language delays. My professional experiences have been in hospital and clinical settings based in Texas. My areas of interest include evidence-based, effective and efficient strategies to empower and equip families to develop and increase their child's communication potential. My specialized continuing education training includes: Social Thinking® and Hanen® More Than Words® approach.

Alexandra Nevins, MS, CCC-SLP – I completed my Bachelor of Applied Science Degree from The University of Mississippi. I received my Master of Science in 2018 from Yeshiva University at The Katz School. During my time in New York City, I worked as a clinical extern in the school system as well as New York Neurogenic Speech-Language Pathology, P.C.

Abby Cook, MS, OTR/L – I completed my Bachelor of Arts degree in Psychology and Family Studies at St. Olaf College in Northfield, MN in 2009. My work experience includes behavioral health support for children and adults, wellness counseling with adults, and four years in corporate settings before pursuing occupational therapy. I received my Master of Science in Occupational Therapy from the University of New England in Portland, ME in 2017. My graduate fieldwork rotations included educational settings in Maine and New Hampshire; working with children with moderate developmental needs in an integrated school and those with high developmental, behavioral, medical and social needs in a standalone residential school. Professionally and most recently, I worked in early childhood intervention in Brazoria County, TX with children 0-3 years old using a strong developmental frame of reference and play-based therapy to help them reach developmental milestones. I have experience evaluating, assessing and treating motor development, sensory disorders, physical disabilities and social skill delays in children.

Melinda Mogas, OTR – I received my Bachelor of Occupational Therapy from Texas Women's University in 1993. I have worked in home health, rehabilitation hospitals, and the school system since that time. I have worked with and evaluated children with learning disabilities, physical disabilities, sensory disorders, and handwriting difficulties.

Michael McKee, EdS, LSSP, LPA, NCSP – I received my Master of Arts Degree and Educational Specialist Degree in School Psychology from Middle Tennessee State University (MTSU). After internship, I spent seven years as a Licensed Specialist in School Psychology (LSSP) working for Texas public school districts in Burleson, Frisco, and Katy, where I conducted evaluations and worked with students with emotional, behavioral, and/or developmental disabilities, including those with autism spectrum disorder. I have also previously worked in the Dyslexia Center at MTSU and as a Crisis Counselor at the Family and Children's Services' Crisis Hotline in Nashville, Tennessee. My main areas of interest include: autism, assessment, positive behavior supports, and parent advocacy.

Mimi Le, MA, LMFT, LPC – I received my Bachelor of Arts Degree in Art History from Baylor University and earned my Master of Arts Degree in Family Therapy from the University of Houston – Clear Lake. I completed my master's level internship with The Children's Assessment Center, treating child victims of sexual abuse and their families. I have provided psychotherapy and consultations for adults, children, siblings, couples, families, and groups and have experience with autism spectrum disorder, trauma- and stressor-related disorders, anxiety disorders, depressive disorders, disruptive and conduct disorders, somatic symptoms, sexual dysfunctions, and multi-generational and cultural matters. I believe that the biggest impact can be made through a multi-disciplinary team approach to treating clients through my experience working with the community that surrounds my clients' lives, including their families and other professionals such as medical doctors, nurses, psychologists, social workers, state agencies, speech and occupational therapists, teachers, and school administrators.

Hillery Jones, M.A., LPC, ATR-P – I received my Bachelor of Arts in Art Education from Lamar University and my Master of Arts degree in Art Therapy and Counseling. I have experience in working in residential, hospital, school, and out-patient settings. My passion is in using the creative process to help children, adolescents, and adults gain a deeper sense of self-awareness. My approach is client-led, practical, holistic, and adaptable in everyday life. I integrate a kinesthetic learning component of connecting mind and body to my practice. I use traditional talk therapy and art therapy to meet the unique needs of each individual. My ultimate goal is to provide an alternative

form of psychotherapy to meet the needs of each individual client.

About Our Appointments

For all of our providers (psychology, speech-language, and occupational therapy), an appointment is a commitment to our work. We agree to meet here and to be on time. If we are unable to start on time, we ask your understanding and assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that we will have another appointment after yours. Because we set time aside to work with several different clients each day, the appointment times we decide on are the times we are prepared to work with you or your child. Should you be late, we would appreciate you calling. We can usually keep the appointment if you are just a few minutes late, but we will still need to end at the agreed upon time. However, if you will be arriving more than 15 minutes late for an appointment, we will need to reschedule.

A cancelled appointment delays our work. We consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give us as much notice as possible. Your session time is reserved for you or your child. We are not able to fill a cancelled session unless we know a week in advance. If you cancel several sessions, we will have to charge you for the lost time unless we are able to fill them. Your insurance will not reimburse for this charge. You will be charged the full fee for sessions cancelled with less than 24 hours' notice, for other than the most serious reasons. Some therapeutic groups will require payment for every session in advance to ensure that all participants make every arrangement to attend each session.

Except for emergency situations, all appointments must be cancelled at least 24 hours in advance by calling or emailing the provider. We consider the following examples of non-emergencies: vacations, pre-scheduled doctor's appointments, family events, parties, recreational events, after school activities, lack of babysitter, traffic, holiday weekend, schedule conflict, or sibling illness. All appointments that are not cancelled at least 24 hours in advance will be charged at the full rate of the session. This fee will not be covered by your insurance. Failure to show up for a scheduled appointment without notifying our office will also result in a charge of the full rate of the session. This fee will also not be covered by your in insurance or school district, (if the district has contracted the services).

In case of emergency (i.e., sudden illness, death in the family, hospitalization, emergency doctor's visit), appointments must be cancelled as early as possible prior to appointment time. There is no charge for an emergency cancellation. Multiple emergency cancellations may result in the provider recommending that you or your child discontinue services until a time when appointments are more easily kept. Should this be a concern, the provider will discuss this with you in advance and provide referrals for continued services if desired. Services at The Stewart Center may be reinitiated at a later date pending provider availability. If more than 6 to 12 months have passed since services stopped, a new intake meeting (counseling/psychotherapy) and/or assessment (speech/OT/counseling/psychotherapy) may be required.

If The Stewart Center decides to close due to weather, all therapy appointments will be cancelled for that day and scheduled evaluations will be rescheduled at a later date. We will do our best to provide you with as much notice as possible when this occurs. Therapy will not take place during scheduled holiday breaks determined by The Stewart Center (or The Westview School) unless specifically arranged with your or your child's provider.

We regret that during therapy or the assessment process, we cannot provide childcare. However, please check with us, as some appointments would be acceptable for your child (if he or she is the client) to attend. If you are arranging transportation (i.e., for your child to be picked up after an appointment), please understand that children may not wait in the lobby without supervision. Our sessions typically last 50 minutes, so please make arrangements for children to be picked up by that time. We know that Houston weather and traffic can affect drive times, so plan extra time to accommodate these factors. If you will be unable to pick up a child by the designated time, please call us as soon as you can to make arrangements. Childcare can be provided in emergency situations at the following rates:

\$ 50.00	1-15 minutes late
\$ 100.00	16-30 minutes late

\$ 150.00 31-45 minutes late
\$ 300.00 46-60 minutes late

You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible. Similarly, we cannot be responsible for any personal property or valuables you bring into the office or leave in your vehicle. Please always lock your vehicle and never leave valuables in sight.

Psychological, Developmental, Diagnostic, and Educational Assessments and/or Psychotherapy/Counseling

The very first time we meet with you for psychological therapy, or counseling, we will need to give each other much basic information. For this reason, we usually schedule a 90-minute meeting for this first meeting. Following this, for psychological therapy or counseling, we will usually meet for a 50-minute session, once a week. For assessment, we will meet for several two- to four-hour sessions, depending on the age and stamina of the person being assessed. We can schedule meetings for both your and our convenience. Your or your child's provider will try to tell you a month in advance of vacations or any other times we cannot meet. Please ask about your provider's schedule in making your own plans.

Should you decide not to pursue services with The Stewart Center, intake and assessment meetings are subject to a unique cancellation policy. If not cancelled 48 business hours prior to the appointment, we will be unable to fill the appointment and you will be responsible for the fee. Emergency cancellations of the intake meetings will be rescheduled as soon as the schedule permits and may result in a significant delay in services. However, emergency cancellations will not be charged.

For assessment appointments, cancellations will be rescheduled as soon as possible. Not showing up for an assessment appointment and failure to contact our office, or be contacted by our office, may result in stopping the assessment process. You also have the right to revoke consent for your child's assessment at any time. Either of these cases will result in our reporting on the completed testing to the best of our ability.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is especially true in a therapeutic relationship; one treatment goal is to make relationships and the duties and obligations they involve clear. You, as the client or parent of the client, are responsible for seeing that our services are paid for. If someone other than the client or the client's legal guardian pays for services, the payee is not entitled to records or information about services without signed consent from the client or client's legal guardian.

Our current regular fees are as follows. You will be given advance notice if our fees should change.

Intake meeting: for a session of 90 minutes, the fee is \$300. This meeting is required before we can begin psychological, developmental, diagnostic, educational testing or psychotherapy/counseling. (It is not always required for group therapy.) Payment is due prior to the meeting so we can fully focus our time on talking about you, your family, and/or your child. Toward the end of the meeting, we will discuss some business-related issues about the next steps of assessment or therapy. Intake meetings are often required by insurance companies to receive reimbursement for psychological, developmental, diagnostic, educational testing or psychotherapy/counseling.

Psychotherapy/counseling services: for a session of 50 minutes, the fee will vary depending on the credentials of your provider:

- Doctoral level (licensed) - \$200
- Doctoral level (trainee, under supervision) - \$165
- Master's level (LPC, LMFT, LPA, LMSW, etc.) - \$150

Please pay for each session at its end, or you will be invoiced monthly after services occur. We have found that this arrangement helps us stay focused on our goals, works best, and allows us to keep our fees as low as possible, by limiting bookkeeping costs. Other payment or fee arrangements must be worked out before the end of our first meeting. Invoices will include diagnosis and service codes which can be useful in seeking insurance reimbursement.

Individual occupational therapy services: for a session of 30 minutes, the fee is \$67.50. The fee for a 60-minute session is \$135. You will be invoiced monthly after services occur. For students who meet the eligibility criteria set forth by their insurance companies, insurance policies may reimburse part or all of these amounts. It is recommended that you contact your insurance provider prior to the first session to determine reimbursement requirements and procedures. An invoice, including diagnosis code, will be provided. This diagnosis code can be useful when seeking reimbursement from insurance companies.

Individual speech therapy services: for a session of 30 minutes, the fee is \$67.50. The fee for a 60-minute session is \$135. You will be invoiced monthly after services occur. For students who meet the eligibility criteria set forth by their insurance companies, insurance policies may reimburse part or all of these amounts. It is recommended that you contact your insurance provider prior to the first session to determine reimbursement requirements and procedures. A daily communication note with a diagnosis code will be provided. This diagnosis code can be useful when seeking reimbursement from insurance companies.

Partner speech therapy services: for a session of 30 minutes, the fee is \$42.50. The fee for a 60-minute session is \$85. You will be invoiced monthly after services occur. For students who meet the eligibility criteria set forth by their insurance companies, insurance policies may reimburse part or all of these amounts. It is recommended that you contact your insurance provider prior to the first session to determine reimbursement requirements and procedures. A daily communication note with a diagnosis code will be provided. This diagnosis code can be useful when seeking reimbursement from insurance companies.

Group social skills services taught by Speech therapists: for a session of 60 minutes, the fee is \$80. You will be invoiced monthly after services occur. For students who meet the eligibility criteria set forth by their insurance companies, insurance policies may reimburse part or all of these amounts. It is recommended that you contact your insurance provider prior to the first session to determine reimbursement requirements and procedures. These services are not usually reimbursed by insurance companies.

Telephone consultations: We believe that telephone consultations may be suitable or even needed at times in our therapy for you or your child. If so, we will charge you our regular fee, prorated over the time needed. If we need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with us in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally, it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, we will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Parent sessions: Periodically, parent sessions should be scheduled to inform you of your child's progress in therapy and teach you the skills needed to reinforce their learning at home. These sessions may be in place of your child's regularly scheduled session, or in addition to it. Parent sessions are billed at the same rate/time as therapy sessions.

Psychological, developmental, diagnostic, or educational assessment services: \$200 per hour. Psychological testing fees include the time spent with you, the time needed for scoring and studying the test results, and the time needed to write a report on the findings. The amount of time involved depends on the tests used and the questions the testing is intended to answer. For a more accurate estimate of assessment costs, the provider will complete an Assessment Planning and Estimate Form with you at the initial intake meeting.

Reports: We will not charge you for time spent making routine reports (i.e. chart notes or insurance reports). However, we will have to bill you for any extra-long or complex reports your insurance company might require. The company will not cover this fee. If you request updated progress reports or reports for other therapists or providers, we will also have to bill you for this time.

Feedback sessions: For feedback sessions following psychological, developmental, diagnostic, or educational

assessments, the fee is \$200 for a 50-minute session. Feedback sessions are required for parents receiving a first-time diagnosis for their child so that we can properly cover the diagnosis and plan of action in person. For follow-up assessments or adult assessments, this session is optional.

We realize that our fees involve a substantial amount of money, although they are well in line with similar professionals' fees. For you to get the best value for your money, we must work hard and well.

We will assume that our agreed upon fee-paying relationship will continue as long as we provide services to you. We will assume this until you tell us in person, by telephone, or by mail that you wish to end the services. You have a responsibility to pay for any services you receive before you end the relationship.

Regular or recurring appointments will be billed on a monthly basis, with invoices being sent out around the first of each month. You will receive these invoices via our clinic management program, TheraNest. TheraNest will send your invoice as a PDF attachment to an automatically-generated email message. While your information is protected and private while stored in TheraNest, we cannot guarantee that the information contained in the invoice will remain confidential once it is sent. Once payment has been received, you will receive a second email with a PDF attachment called a Superbill. Superbills are payment receipts that are designed to meet the criteria of most insurance companies. If you would like to opt out of this service, please let us know in writing and we can disable this feature for you.

The Superbill can be used for health insurance claims, as described in the next section. It will show all of your or your child's meetings, the charges for each, how much has been paid, and how much (if any) is still owed. At the end of treatment, and when you have paid for all sessions, we can send you a final statement for your tax records. You will need to request this final statement.

Depending on your financial circumstances and total medical costs for any year, therapy and assessment services may be a deductible expense; consult your tax advisor. Cost of transportation to and from appointments and fees paid may be deductible from the client's personal income taxes as medical expenses.

If you think you may have trouble paying your bills on time, please discuss this with us. We will also raise the matter with you, so we can arrive at a solution. If your unpaid balance reaches \$300, we will notify you by mail. If it then remains unpaid, we must stop therapy with you or your child until the account becomes current. Clients who owe money and fail to make arrangements to pay may be referred to a collection agency.

A late payment fee of \$50 will be charged each month that a balance remains unpaid.

If there is any problem with our charges, our billing, your insurance, or any other money-related point, please bring it to our attention. We will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Have Traditional (or "Indemnity") Health Insurance Coverage

Because all services are offered or supervised by a licensed psychologist, many health insurance plans will help you pay for therapy and other services we offer. Because health insurance is written by many different companies, we cannot tell you what your plan covers for psychology services. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Behavioral Health." Or call your employer's benefits office to find out what you need to know. We also have a form with tips that may help you in talking to your insurance company about reimbursement. We can provide this to you upon request but cannot guarantee it will cover all the questions you need to ask or that it will guarantee you reimbursement.

If your health insurance will pay part of our fee, we will try to help you with your insurance claim forms. However, please keep two things in mind:

1. We have no role in deciding what your insurance covers. Your employer decided which, if any, services will

be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between The Stewart Center and the insurance company.

2. You—not your insurance company or any other person or company—are responsible for paying the fees for services. If you ask us to bill a separated spouse, a relative, or an insurance company, and we do not receive payment on time, we will then expect this payment from you.

If You Have a Managed Care Contract

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that you should discuss with them before beginning services. We also have a form with tips that may help you in talking to your insurance company about reimbursement. We can provide this to you upon request but cannot guarantee it will cover all the questions you need to ask or that it will guarantee you reimbursement.

We will provide information about you to your insurance company only with your informed and written consent. We may send this information by mail or by fax. Our office will try its best to maintain the privacy of your records, but we ask you not to hold us responsible for accidents or for anything that happens as a result.

The Stewart Center is not a member of any health insurance plans or panels. Health insurance is a contract between you (or your employer) and your insurer; we are not part of that contract. However, we will supply you with an invoice for services with the standard diagnostic and procedure codes for billing purposes, diagnosis code(s) (when appropriate), the times we met, charges, and your payments. You can use this to apply for reimbursement.

When You Need to Contact Us or In Case of Emergencies

We cannot promise that your provider will be available at all times. Although we are in the office from 8am to 5pm several days per week, we do not take phone calls when with a client. You can always leave a message with the Clinic Coordinator or on our voice mail machine, and we will return your call as soon as we can. Generally, we return messages within two business days. Ask your or your child's provider for the best times to call. Some providers at The Stewart Center spend some days at this office and other days at different office locations.

If you or your child has an emergency or crisis, tell this to the Clinic Coordinator, who will try to contact your or your child's provider. If you have a behavioral or emotional crisis and cannot reach your provider or the secretary immediately by telephone, you or your family members should access one of the following community emergency agencies:

- Crisis Intervention of Houston, Inc (24-hour hotline) at 713.468.5463;
- MHMRA Neuropsychiatric Center (24-hour emergency psychiatric care) at 1502 Taub Loop, 713-970-7070;
- The University of Texas Harris County Psychiatric Center (24-hour emergency psychiatric hospital) at 2800 South MacGregor Way 77021, 713.741.5000;
- go to the nearest hospital emergency room;
- call 911 and request a "Crisis Intervention Team" for a psychiatric emergency.

When We Need to Contact You

At times, it may be helpful for us to correspond via e-mail. However, please realize that e-mail is not secure or confidential for a number of reasons. Other persons may access your or our computers and view e-mails. E-mails are often kept on servers as the e-mail is transmitted, and these are not often deleted. We will contact you via e-mail for appointment scheduling and reminders as well as to send blank forms and information you request. We recommend that you do not return forms or send any protected health information via e-mail because we cannot guarantee its confidentiality or privacy.

The Stewart Center will not use your e-mail address unless you authorize us to do so. You may revoke that permission at any time, and we will stop using your e-mail address after you make this request in writing. E-mail correspondence may be used to set or remind you of appointments, send follow up or quality assurance surveys, or inform you of services related to you and your child's health. If a mailing list is created (for example, of members of a therapy group), group mailings will not be sent in a manner in which recipients are visible to one another. E-mail addresses will be treated as protected health information and will not be disclosed.

You can also tell us if you want us to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell us so that we can make arrangements. You can also help us by letting us know where we may leave voice mails and where we may not.

If We Need to Contact Someone about You

If there is an emergency during our work together, or we become concerned about your personal safety, we are required by law and by the rules of our profession to contact someone close to you—perhaps a relative, spouse, or close friend. Please write down the name and number of your chosen contact person in the blanks on page 22.

Use and Storage of Records

As providers, we naturally want to know more about people and how therapy helps people. We must collect information about clients before, during, and after therapy and during the assessment process. We ask your permission to take what you write on these questionnaires and what we have in our records and use it in research or training that we may do in the future. If we ever use the information from your questionnaire, it will always be included with information from many others. Also, your or your child's identity will be made completely anonymous. Your or your child's name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed, all the data used will be destroyed.

If, as part of our work together, you or your child create and provide to us records, notes, artwork, or any other documents or materials, we will return the originals to you at your written request and will retain copies.

It is our office policy to destroy adult clients' records 7 years after the end of therapy or assessment services. In the case that the client is a minor, his or her records will be destroyed 7 years after he or she reaches the age of 18. Until then, we will keep your or your child's case records in a safe place. In the event of you or your child's provider's departure from The Stewart Center or death, a proper custodian of records will be appointed.

In the case of a minor child whose parents are divorced, is living with relatives, is a foster child, is in adoptive placement, or otherwise involves multiple caregivers and/or households, legal documents determining custody must be presented prior to therapy or assessment and kept on file. Consent to share information with other adults involved in the child's life will be discussed with the legal guardian at the initial meeting, but it is ultimately the decision of the child's legal guardian. If you would like all, or part, of your child's records sent to another provider or organization, we would be happy to do this after you have signed consent. For your privacy and protection, we are unable to honor e-mailed, verbal, or telephone requests to send records. You are required to complete our Authorization/Consent to Release Records form. For us to receive records from or share information mutually with another provider (outside of The Stewart Center) or organization, you will likely need to sign their form as well.

Statement of Principles and Complaint Procedures

It is our intention to fully abide by all the rules of the American Psychological Association (APA), the American Speech-Language-Hearing Association (ASHA), and by those of state license. However, problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with us at once. Our work together will be slower and harder if your concerns with us are not worked out. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that we (or any other provider) have treated you unfairly or have even broken a professional rule, please tell us. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she

can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses professionals in the independent practice of psychology, or the state board of examiners for speech-language pathology, the organization that licenses professionals to in speech-language pathology.

In our practice as providers, we do not discriminate against clients because of age, biological sex, expressed gender, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. We will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic cultural diversity. If you believe you have been discriminated against, please bring this matter to our attention immediately.

Legal Information, Statements, and Disclosures

The Stewart Center at The Westview School is a part of The Westview School, Inc., a small business which accepted financial assistance via a small business loan offered under the CAREs Act. The following statement is included in this document in compliance with the standards and policies associated with this assistance.

Notice of Non-Discrimination

Based on receipt of federal financial assistance through a Paycheck Protection Program loan administered through the U.S. Small Business Administration (SBA) under the CAREs Act, the School acknowledges its obligation to prohibit discrimination, harassment, or retaliation on the basis of race, color, religion, age, national origin, sex, citizenship status, genetic information, handicap or disability in admissions, access, employment, tuition assistance, educational policies, or other school administered student and employee programs and activities. Questions regarding the School's compliance with the application and administration of the School's nondiscrimination policies should be directed to Carol Harrison, Principal, charrison@westviewschool.org, 713.973.1900 x100, 1900 Kersten Dr., Houston, TX 77043, or to the U.S. Department of Education's Office for Civil Rights (OCR) or to the SBA. Please refer to the School's SBA Non-Discrimination Compliance Policy on the School's website for information on how to file complaints with OCR or the SBA.

This notice will remain in effect until the School has satisfied and paid off the SBA Paycheck Protection Loan.

[This page intentionally left blank.]

I, the client (or his/her parent or legal guardian), understand I have the right not to sign this form. My signature indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this handout, I can talk with my provider about them, and he or she will do their best to answer them. I understand that after therapy or the assessment process begins, I have the right to withdraw my consent to services at any time, for any reason. However, I will make every effort to discuss concerns with my provider before ending therapy or the assessment.

I understand that no specific promises have been made to me by this provider about the results of treatment, the effectiveness of the procedures used by this provider, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this handout. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this handout. I hereby agree to enter into therapy or the assessment process with this provider (or to have the client enter therapy or begin assessment), and to cooperate fully and to the best of my ability, as shown by my signature below.

I have read, understood, and agreed to the following points described in this handout. (revised 5/2020)

Please initial the following, and make selections where indicated:

_____ Risks and benefits of assessment and therapy. (pgs. 3-8)

_____ What to expect from our relationship. (pgs. 8-9)

_____ Confidentiality and the limits to confidentiality. (pgs. 9-12)

_____ Consultations (pg. 12), including:

Medical: Please check only ONE of the following:

- The Stewart Center is authorized to contact my (or my child's) primary care physician whose name and address are shown below to discuss the treatment that I am receiving while under your care and to obtain information concerning my/his or her medical diagnosis and treatment.
- I do not authorize The Stewart Center to contact my (or my child's) primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my/his or her medical diagnosis and treatment. I am providing the name and address of the primary care physician only for your records.

Please write below the name and phone number of the client's primary physician:

_____ Name

_____ Phone

Psychiatric: Please check only ONE of the following:

- The Stewart Center is authorized to contact my (or my child's) psychiatrist whose name and address are shown below to discuss the treatment received while under your care and to obtain information concerning my/his or her medical diagnosis and treatment.
- I do not authorize The Stewart Center to contact my (or my child's) psychiatrist with regard to the treatment received while under your care or to obtain information concerning my/his or her medical diagnosis and treatment. I am providing you with the name and address of the primary care physician only for your records.

Please write below the name, address, and phone number of the client's psychiatrist, if applicable:

Name

Phone

Supervision and Training: Please check only ONE of the following:

The Stewart Center is authorized to audiotape meetings for professional supervision and training purposes. I understand that they will be used as an aid in the process of improving mental health work or training health care workers. I agree that the materials may be made available to health care professionals for educational and training purposes. These professionals and their students are bound by state laws and professional rules about privacy.

The Stewart Center is not authorized to audiotape meetings for professional supervision and training purposes.

____ Backgrounds of providers at The Stewart Center. (pgs. 13-14)

____ Information and guidelines about appointments. (pgs. 14-16)

____ Fees, payments, and billing. (pgs. 16-19)

Please check only ONE of the following:

The Stewart Center is authorized to use the automated email system associated with the TheraNest clinic management software to send invoices, Superbills, and other potentially confidential information via email attachment.

The Stewart Center is not authorized to use the automated email system associated with the TheraNest clinic management software to send invoices, Superbills, or other potentially confidential information via email attachment.

____ Contact information (pg. 19), including: **Please check ALL that apply:**

Where we may call and leave messages: Home Work Cell Other: _____

Where we may NOT call or leave messages: Home Work Cell Other: _____

Use of e-mail address for correspondence: **Please check only ONE of the following:**

The Stewart Center is authorized to use my e-mail address for correspondence. Please list e-mail addresses that you authorize to be used: _____

The Stewart Center is NOT authorized to use my e-mail address for correspondence.

Please list an emergency contact for you or your child (should you not be able to be reached):

Name: _____ Relationship to client: _____

Address: _____ Phone: _____

____ Use and storage of records, including the use of de-identified data for research or training. (pg. 20)

____ Statement of principles and complaint procedures. (pg. 20)

Signature of client (or person acting for client)

Date

Printed name

Relationship to client: Self Parent Legal guardian

Other person authorized to act on behalf of the client – specify: _____

I, the provider, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment and/or assessment. I agree to enter into therapy or assessment with the client, as shown by my signature here.

Signature of provider

Date

We truly appreciate the chance you have given us to be of professional service to you and look forward to a successful relationship with you and/or your child. If you are satisfied with our services as we proceed, we (like any professional) would appreciate your referring other people to us who might also be able to make use of our services.

Copy accepted by client

Copy kept by The Stewart Center