



**ADULT
INTAKE**



WELCOME TO MONTCLAIR SPEECH THERAPY!

Thank you for choosing Montclair Speech Therapy to help you or your loved one achieve speech and language goals. We realize that you have options regarding speech therapy for and we are happy you selected us.

This new client paperwork packet includes important information about the therapeutic process, including financial, attendance and privacy policies. Please take the time to fill out the client history form as completely as possible to enable the most accurate treatment plan. Additionally, if you or your loved one has had any recent assessments completed by other health care professionals, including but not limited to an Audiologist, ENT, etc., please provide copies so that we are able to get the whole picture.

Completed form packets may be brought to the initial visit, emailed to me at lori@montclairspeechtherapy.com or mailed 333 Bloomfield Ave, Suite 102, Caldwell, NJ 07006

We look forward to working with you and/or your loved one!

Sincerely,

Lori Caplan-Colon, M.S., CCC-SLP

Licensed Speech-Language Pathologist NJ

License 41YS00499200 ASHA Certification 12086670



ABOUT MONTCLAIR SPEECH THERAPY

Montclair Speech Therapy provides private speech and language therapy for infants, toddlers, children and adults with speech, language and swallowing disorders. Located in northern New Jersey, we offer outpatient services and in-home treatment for the medically fragile as well as those with moderate and mild impairments.

From Vital Stimulation to Oral Placement Therapy, PROMPT and The S.O.S. Sequential Oral Sensory Approach to Feeding, we employ methodologies and techniques that support evidence-based practices.

Led by licensed Speech Language Pathologist Lori Caplan-Colon, Montclair Speech Therapy successfully builds custom care plans that combine specific therapy approaches and techniques tailored to each patient's needs and goals. We specialize in speech and language disorders, swallowing and feeding disorders, voice and fluency, language-based learning disabilities and cognitive rehabilitation for all ages.

LORI CAPLAN-COLON M.S. CCC-SLP



Lori is a practicing Speech Language Pathologist licensed in the state of New Jersey. She is a certified member of the American Speech Language Hearing Association (ASHA) who obtained her Bachelor of Science degree in Speech Language Pathology at Ithaca College and her Masters degree in Speech Language Pathology at Massachusetts General Hospital Institute of Health Professions.

Lori started her career focusing on adults with speech, language, cognitive and swallowing impairments, becoming vital stimulation certified in 2007 to help patients overcome severe swallowing disorders. Her great rapport and success with adult clients led her to broaden her focus to include the pediatric population, treating children with a range of diagnoses from mild language and speech delays to autism, down's syndrome, chromosomal disorders and brain injuries. Lori's passion for helping others is evident and her confident, compassionate approach to treating medically fragile patients has positioned her as an expert in her field.



INFORMED CONSENT FOR SPEECH THERAPY

I, _____ hereby request and consent to Montclair Speech Therapy providing assessment, treatment and care as prescribed by a physician and/or recommended by a Speech-Language Pathologist.

I further give my consent to my caregiver/guardian (please list relationship),

_____ in making medical decisions pertaining to diagnostic procedures and assessments, treatment and to take appropriate measures including contacting Emergency Medical Services (EMS) system and/or arranging for transportation to the nearest emergency medical facility in the event of a medical emergency.

In making medical decisions on my behalf, I direct that the caregiver attempt to contact me. However, I give permission to the caregiver to make such decisions regarding assessment and treatment on my behalf for the benefit of my dependent. I authorize the caregiver to request, obtain, review and inspect any and all relevant documentation and information bearing upon my recommended plan of care.

I consent and authorize Montclair Speech Therapy to administer diagnostic assessments and treatment under the direction and supervision of a certified Speech-Language Pathologist.

Signature

Date

Do you need help filling in this form?

YES NO

PERSONAL INFORMATION

Name Birthdate

Gender Pronouns

Street Address City State Zip Code

Home Phone Cell Phone

Social Security Number Email

Who referred you to Montclair Speech Therapy d/b/a LoriSpeaks?

Occupation: _____

Present Employer: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Contact Relationship: _____

MEDICAL HISTORY

Please list ALL active treating physicians (i.e., Pulmonologist, Oncologist, Internist, Cardiologist, etc.)

Doctor's Name: _____ Specialty: _____

Address: _____ Phone: _____

Doctor's Name: _____ Specialty: _____

Address: _____ Phone: _____

What's the nature of your communication problem?

Have you received speech/language therapy in the past? If yes, please indicate where and for what concerns:

Please list any specific accommodations you may need during your appointment:

PLEASE LIST ANY MEDICAL DIAGNOSES

Medical Diagnosis: _____

Date of Onset: _____ By Whom: _____

Medical Diagnosis: _____

Date of Onset: _____ By Whom: _____

Please provide any additional relevant information:

Do you smoke cigarettes or marijuana, vape or use other inhalants? YES NO

Please list what and how often:

Are you frequently around other people who smoke? YES NO

If you consume alcohol, how many alcoholic drinks (1oz hard alcohol, 12oz beer, 6oz wine) do you drink in a day?

0-1 drinks/day

2-3 drinks/day

>3 drinks/day

GENERAL MEDICAL QUESTIONNAIRE

Have you EVER had any of the following?

CONDITION	YES	NO	RELEVANT INFORMATION
Asthma/Breathing Problems			
Arthritis			
Bleeding/Clotting Disorder			
Blood Pressure Disorder			
Blood Transfusion			
Bowel/Stomach Problems			
Cancer (Please Specify Type)			
Cholesterol Disorder			
Chronic Headaches/Migraines			
Diabetes			
Eye Disorder (i.e., Glaucoma, Cataract, etc.)			
Heart Disease/Disorder			
Lung Disease			
Liver Disease			
Neurological Disorder			
Psychiatric Disorder/Illness			
Pulmonary Embolism/DVT			
Stroke			
Seizure or Epilepsy			
Thyroid Disorder			
Urinary/Kidney Disorder			

Please list any other medical illnesses or problems and provide details for any of the above conditions:

Please list all past surgeries and hospitalizations and the approximate date:

PROCEDURES/ HOSPITALIZATION	DATE	COMPLICATIONS

Do you have any allergies to medications or other substances (pets, food, etc.)? Yes No

If yes, please list allergies and reactions (including rash, hives, throat swelling, anaphylaxis):

ALLERGY	REACTION	ALLERGY	REACTION

Please list ALL of your current medications, including over the counter medications, supplements, etc.:

MEDICATION NAME	DOSE	MEDICATION	DOSE

INSURANCE INFORMATION

Do you currently have valid medical insurance? Yes No

Insurance Carrier: _____

Policy Holder's Name: _____

Policy Holder's DOB: _____

Group Identification Number: _____

Patient/Legal Guardian Name (Please Print): _____

Signature of Patient/Legal Guardian: _____

Date: _____

A photograph of hands writing on a document, overlaid with a teal color filter. The image shows a person's hands holding a pen and writing on a piece of paper. The background is slightly blurred, showing other hands and papers. The teal filter is applied to the entire image, creating a cohesive look with the text below.

POLICIES & PROCEDURES

APPOINTMENTS

All cancellations must be made with 24 hours notice except under emergency circumstances. If an appointment is not cancelled within 24 hours, a service fee of \$35.00 will be charged. No call/No show will be subject to a \$75.00 fee. If a cancellation/no show pattern continues, evaluation of eligibility will be completed and potential termination from therapy may be considered. If we need to cancel a therapy session on short notice, we will make every effort to make sure you are aware of the need to reschedule and will find a time that is convenient for you to make up the session.

ATTENDANCE

Following an initial evaluation, a frequency of treatment will be established. A schedule will be discussed and agreed upon. Changes to the schedule can occur following a conversation with the treating therapist, parent/legal guardian and/or client (if over 18 years of age). No call/no show first offense will be charged half the rate of a normal session. All subsequent no call/no show episodes will be charged a full session rate. If you arrive late, we will do our best to accommodate you, but the session may be abbreviated due to schedule and the full rate will be billed.

SESSIONS

Evaluations are schedule for 60 minute sessions and ongoing treatment sessions are schedule for 30 minutes. For minor children, the last three to five minutes of each session will be spent reviewing the session with a parent or caregiver and discussing exercises/activities to facilitate carry over in the home. A parent or designated adult (e.g., babysitter, nanny, grandparent) must accompany minor children in the allocated waiting areas until the treating therapist arrives.

CONFIDENTIALITY

Your privacy is very important to us. I recommend that you review the Notice of Privacy Policy for important details about maintaining confidentiality. You will only be contacted via the method(s) chosen on your Contact Information form. It is up to you to make sure contact information is kept current. If you would like Montclair Speech Therapy to exchange information with another person or professional, an Authorization for Release of Information form must be completed.

FEES

You will be informed of all charges prior to being provided with any type of clinical service.



POLICIES & PROCEDURES

PAYMENT

The person who completes the Party Responsible for Payment form is responsible for payment of all services rendered. Currently, we accept the following insurance carriers: Aetna, Amerihealth, Cigna, Medicare, Magnacare, Horizon Blue Cross Blue Shield of NJ. We offer courtesy billing for our patients, which means that the patient pays Montclair Speech Therapy, but our billing company electronically submits a bill to the insurance company, resulting in reimbursement directly to the patient's home address. Be sure to obtain a reference number following all calls to your insurance carrier. A reference number will support the appeals process as needed. Upon request, documentation of therapy services can be provided so clients can request reimbursement from insurance themselves or an FSA. For private pay individuals, payment is due at the time services are rendered unless you have made other arrangements in advance. For children scheduled for individual therapy without a parent present (e.g., at school), payment should be made in advance or be sent with the child. All accounts more than 30 days overdue will be subject to a \$25 late fee and 5% interest charge. All accounts more than 60 days overdue will be sent to collection. Montclair Speech Therapy may, at times, run promotional discounts or provide discounts for families with extenuating circumstances.

CONFIRM ELIGIBILITY - In Network/Out of Network

Insurance plans frequently change, If you are a new or returning patient, it is your responsibility to verify that your insurance carrier covers this office visit. As a courtesy, we will check your insurance benefits. Patients will be responsible for any copays, deductibles, and denials. You can learn about your plan coverage by calling the number provided on your insurance card.

TERMINATION OF SERVICES

Clients may terminate services by phone, email, written notice or in person, at any time, for any reason. In the event that you do not honor your financial obligations to Montclair Speech Therapy and remain delinquent on your account for more than 60 days, services will be terminated. If a client accumulates three no-shows, termination of therapy is warranted. We reserve the right to terminate services if we determine that the therapy schedule is not aggressive enough to guarantee positive outcomes in a reasonable amount of time.

COMMENTS, QUESTIONS, COMPLAINTS

All feedback is encouraged! Montclair Speech Therapy strives to be the best in speech/language therapy. Positive comments are always welcome and information about things we can do better is very valuable. If there is something you are not happy with, please bring it to our attention. There will be no retaliation for complaints.



POLICIES & PROCEDURES

CHANGES IN POLICY

Montclair Speech Therapy reserves the right to make policy changes at any time. Clients will be informed of any policy changes prior to their implementation.

WRITTEN STATEMENT OF POLICY

Privacy of personal information is important to Montclair Speech Therapy. We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services we provide. This document describes our privacy policies.

WHAT IS PERSONAL INFORMATION?

Personal information is information about identifiable individuals. Personal information includes information that relates to:

- **An individual's personal characteristics**
(e.g., gender, age, home address or telephone number, family status)
- **Health** (e.g., health history, health conditions, health services received by them)
- **Activities and views**
(e.g., opinions expressed by an individual, an opinion or evaluation of an individual)

Personal information is different from business information (e.g., an individual's business address and telephone number). This is not protected by privacy legislation.

WHO WE ARE

Montclair Speech Therapy is a speech therapy office servicing pediatric and adult populations for a variety of speech, language, cognitive and swallowing impairments. We are located in Caldwell, NJ and coming soon to Montclair 2022.

WE COLLECT PERSONAL INFORMATION: PRIMARY PURPOSES

Like all medical professions, we collect, use and disclose personal information in order to serve our clients. For our clients, the primary purpose for collecting personal information is to provide treatment.

For example, we collect information about a client's health history, including their family history, physical condition, function and social situation in order to help assess what their health needs are, to advise them of their options and then to provide the health care they choose. A second primary purpose is to obtain a baseline of health and social information so that in providing on going health services we can identify changes that occur over time.

WE COLLECT PERSONAL INFORMATION: RELATED AND SECONDARY PURPOSES

Like most organizations, we also collect, use and disclose information for purposes related to or secondary to our primary purposes. The most common examples of our related and secondary purposes are as follows: To invoice clients for goods or services that were not paid for at the time of service, to process credit card payments or to collect unpaid accounts.

Montclair Speech Therapy reviews client and other files for the purpose of ensuring that we provide high quality services.

Speech Language Pathologists adhere to the guidelines set forth by the American Speech and Hearing Association (ASHA). In addition, Montclair Speech Therapy SLP's are licensed in the state of NJ. We abide by the code of ethics as outlined by ASHA.

Clients or other individuals we treat may have questions about our services after they have been received. We retain our client information for a mandatory minimum of seven years after the last contact to enable us to respond to those questions and provide services.

PROTECTING PERSONAL INFORMATION

We understand the importance of protecting personal information. For that reason, we have taken the following steps:

- **Paper information is either under supervision or secured in a locked or restricted area.**
- **Electronic hardware is either under supervision or secured in a locked or restricted area at all times. In addition, passwords are used on computers. Paper information is transmitted through sealed, addressed envelopes or boxes by reputable companies.**
- **Electronic information is transmitted either through a direct line or has identifiers removed or is encrypted.**
- **Staff is trained to collect, use and disclose personal information only as necessary to fulfill their duties and in accordance with our privacy policy.**

RETENTION AND DESTRUCTION OF PERSONAL INFORMATION

We need to retain personal information for some time to ensure that we can answer any question the client may have about the services provided and for our own accountability to external regulatory bodies.

We keep our clients files for seven years according to our regulations.

We destroy paper files containing personal information by shredding. We destroy electronic information by deleting it and, when the hardware is discarded, we ensure that the hard drive is physically destroyed.

YOU CAN LOOK AT YOUR INFORMATION

You have the right to see what personal information we hold about you. We can help you identify what records we might have about you. We will also try to help you understand any information you do not understand (e.g., short forms, technical language, etc.). We will need to confirm your identity, if we do not know you, before providing you with this access. We reserve the right to charge a nominal fee for such requests.

If there is a problem, we may ask you to put your request in writing. If we cannot give you access, we will tell you within 30 days if at all possible and tell you the reason, as best we can, as to why we cannot give you access.

If you believe there is a mistake in the information, you have the right to ask for it to be corrected. This applies to factual information and not to any professional opinions we may have formed. We may ask you to provide documentation that our files are wrong. Where we agree that we made a mistake, we will make the correction and notify anyone to whom we sent this information. If we do not agree that we have made a mistake, we will still agree to include in our file a brief statement from you on the point and we will forward that statement to anyone else who received the earlier information.

Informed Consent for Observations and Internships

Montclair Speech Therapy (MST) is a teaching facility that provides education and training for current and future health care professionals. MST participates in clinical education programs with colleges and universities in the area to give students engaged in a course of study related to Speech Language Pathology and Occupational Therapy experience in clinical practice. MST has agreed to permit these students to observe and participate in patient care activities, including, where appropriate, providing speech therapy or occupational therapy services to patients under direct supervision by a certified Speech Language Pathologist (SLP) or Occupational Therapist (OT). Additionally, to support continued professional development we also encourage our fellow SLPs and OTs to observe each other's sessions periodically to foster an environment that creates innovative treatment plans to best support our diverse community.

Graduate Students who are participating in an internship program at MST have completed required education and competencies necessary to be deemed ready to apply his or her clinical skills to working with clients and receive ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and your family members. By working with a Graduate Student, you receive the benefit of a clinically experienced supervision team assisting in assessment and treatment planning to address your concerns in therapy.

MST will inform you when such observations/internships may be present during your child's or your family member's plan of care.

QUESTIONS, CONCERNS, COMPLAINTS

DO YOU HAVE A QUESTION?

Our Information Officer, Ben Colon, can be reached at:

Montclair Speech Therapy
333 Bloomfield Ave, Suite 102
Caldwell, NJ 07006
(973) 364-0804

Montclair Speech Therapy
307 Bloomfield Ave, Suite 201
Caldwell, NJ 07006
(973) 744-0804

If you wish to make a formal complaint about our Privacy Practices, you may make it in writing to our information officer. He will acknowledge receipt of your complaint; ensure that it is investigated promptly and that you are provided with a formal written decision with reasons.

If you have billing questions/concerns you may contact our billing department via phone at: **(941)330-7627** or via email at **karen@montclairspeechtherapy.com**

If you have a concern about the professionalism or competence of our services or the mental or physical capacity of any of our professional staff we would ask you to discuss those concerns with us. However, if we cannot satisfy your concerns, you are entitled to complain to our regulatory body:

American Speech and Hearing Association at **asha.org**.