



**OCCUPATIONAL  
THERAPY**



## 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](mailto: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, as well as Occupational Therapy and ABA Therapy. 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 AND OCCUPATIONAL THERAPY**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ hereby request and consent to Montclair Speech Therapy providing treatment and care as prescribed by a physician and/or recommended by a Speech-Language Pathologist and/or Occupational Therapist.

For minor children, I acknowledge and agree that a parent or legal guardian must be in the home/ waiting area of the office during each treatment session.

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

I consent and authorize Montclair Speech Therapy to administer treatment under the direction and supervision of a certified Speech-Language Pathologist and/or Occupational Therapist.

\_\_\_\_\_  
Signature (self or parent/legal guardian)

\_\_\_\_\_  
Date

**BASIC INFORMATION**

\_\_\_\_\_  
Child's Name Date of Birth

\_\_\_\_\_  
Child's Address

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone 1 Phone 2

Child lives with both parents? YES  NO

Does your child have any siblings? If so, what age(s)? \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

\_\_\_\_\_  
Pediatrician Phone

Referral Source: \_\_\_\_\_

**PRENATAL/BIRTH HISTORY**

Full Term:  YES  NO If no, how many weeks? \_\_\_\_\_

Birth Hospital: \_\_\_\_\_

Illnesses or accidents during pregnancy: \_\_\_\_\_

Medical concerns, medications or other relevant information during pregnancy:  
\_\_\_\_\_

Birth Weight: \_\_\_\_\_

Delivery:  VAGINAL  CESAREAN  BREECH  FEET FIRST

Other unusual conditions that may have affected pregnancy or birth:  
\_\_\_\_\_

**BEHAVIOR/SOCIAL HISTORY**

Please check if your child has had any of the following:

Difficulty paying attention: _____	Difficulty with transitions: _____
Poor coping skills: _____	Difficulty with new people: _____
Difficulty with self-calming: _____	Difficulty with turn taking: _____
Tantrums: _____	Plays well with other children: _____
Difficulty following directions: _____	Makes good eye contact : _____
Difficulty in new places: _____	Understands safety: _____
Does not like crowds: _____	Does well with change: _____

Comments:

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Do you have any concerns about:

- Fine Motor Control (i.e. difficulty holding a pencil, self-feeding, utilizing scissor):
- Gross Motor Control (i.e. throwing a ball, walking up/down stairs, jumping, climbing):
- Visual Perception (i.e. completing puzzles, drawing pictures):
- Cognitive (i.e. memory, problem solving, attention):
- Sensory processing: (i.e. self regulation, hyper-sensitivity to input)
- Behavioral: (i.e. tantrums, impaired direction following)

What are your primary goals for Occupational Therapy?

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Has your child previously received behavioral therapy, occupational, physical, or speech therapy? What was the focus? Please include where, when, and for how long:

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Is your child currently receiving any of these therapy services? Please list locations and frequency:

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What kind of classroom? (i.e. inclusion, mainstream, Learning Language Disability, multiple disability, self-contained):

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What days and times do they attend school?

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Does your child have an Individualized Education Plan?  YES  NO

Does your child have a 504 Plan?  YES  NO

Does your child have a paraprofessional or 1:1 support?  YES  NO

What services or accommodations does your child receive at school through the IEP/504?

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	Independent (completes without help)	I assist 50% or more	Dependent (total assistance needed)
Puts shirt on			
Takes shirt off			
Puts pants on			
Takes pants off			
Puts socks on			
Takes socks off			
Puts shoes on			
Takes shoes off			
Managing shoe laces			
Toileting			
Bathing routine			
Feeds self with utensils			
Self feeds using fingers			
Cuts food			
Brushing teeth			
Managing buttons/ snaps			
Managing zippers			

**SENSORY QUESTIONS:**

Does your child appear clumsy, bump into objects or people? Please Specify:

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Does your child enjoy the swings and/or slides at the park?:

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Does your child seek out increased movement throughout the day (i.e. spinning, running, jumping)? Please Specify:

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Does your child have any repetitive behaviors? Please Specify:

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Is your child bothered by certain textures (i.e. tags in clothes/certain clothing fabrics, sand, grass)? Please Specify:

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Is your child bothered by loud noises? Please Specify:

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Is your child bothered by bright lights? Please Specify:

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Is your child bothered by certain movements (i.e. spinning, swinging, car rides)?  
Please Specify:

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Is your child bothered by touch? Please Specify:

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Is your child a picky eater? Please Specify:

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Is your child bothered by hair brushing/hair cutting/ nail cutting/ teeth brushing/face washing?

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**CURRENT MEDICAL HISTORY**

\*\* Has your child had any earaches/ear infections? YES  NO

Please explain here:

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Allergies? (Describe)

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Any other serious or recurrent illnesses?

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Has your child had an operations? If so, when?

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Has your child had a recent accident? If so, when?

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Any medications? Past: \_\_\_\_\_

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

Does your child have a visual impairment? \_\_\_\_\_

Date of last vision test: \_\_\_\_\_

Past or current visual treatment: \_\_\_\_\_

Does your child have any hearing difficulties? \_\_\_\_\_

Date of last hearing test: \_\_\_\_\_

Past or current hearing treatment: \_\_\_\_\_

Are there any other medical concerns?

\_\_\_\_\_

Is your child followed by a pediatric specialist? For example, neurodevelopmentist, neurologist, developmental pediatrician, etc?

\_\_\_\_\_

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## **DEVELOPMENTAL HISTORY**

Age when child: (If you cannot remember specific time, please indicate if it occurred at the expected time or if it was delayed)

Sat up alone: \_\_\_\_\_

Dressed self: \_\_\_\_\_

Crawled: \_\_\_\_\_

Tied shoes: \_\_\_\_\_

Walked: \_\_\_\_\_

Fed self independently: \_\_\_\_\_

Toilet Trained: \_\_\_\_\_

Weaned from bottle/breast: \_\_\_\_\_

**MEDICAL HISTORY**

Please check if your child has had any of the following (and if so, at what age):

Seizures:	_____	Meningitis:	_____
High Fevers:	_____	Encephalitis:	_____
Measles:	_____	Rheumatic Fever:	_____
Mumps:	_____	Tuberculosis:	_____
Chicken Pox:	_____	Sinusitis:	_____
Whooping Cough:	_____	Chronic Colds:	_____
Diphtheria:	_____	Enlarged Glands:	_____
Croup:	_____	Thyroid:	_____
Pneumonia:	_____	Asthma:	_____
Tonsillitis:	_____	Heart Trouble:	_____

Explain any checked items here:

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Are immunizations current?  YES  NO

**DAILY ROUTINE AND SLEEPING PATTERNS**

In a few words, please describe your child's daily routine:

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What time do they typically wake up? \_\_\_\_\_

How often do they eat throughout the day? \_\_\_\_\_

Does your child eat full meals or typically snack throughout the day? \_\_\_\_\_

Does your child take naps? If so, at what time? \_\_\_\_\_

Does bath time occur during the AM or the PM? \_\_\_\_\_

Describe your child's sleeping patterns: \_\_\_\_\_

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How long does it take to fall asleep? \_\_\_\_\_

What time is bed time? \_\_\_\_\_

Does your child need a parent in order to fall asleep? \_\_\_\_\_

Does your child stay asleep during the night? \_\_\_\_\_

Any other pertinent information in regards to your child's sleeping habits or daily routine that you feel is important?

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The background of the lower half of the page is a teal-colored photograph showing a close-up of hands writing on a document. One hand is holding a white pen and writing on a sheet of paper, while another hand rests on the paper. The image is semi-transparent and serves as a backdrop for the title text.

# **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**.