

# Parent

# Handbook



*Nash  
Therapeutic  
Services, LLC*

## Table of Contents

<b><i>Section 1 – Welcome</i></b>	<b><i>1</i></b>
1.1 Agency Culture	1
1.2 Purpose	2
1.3 Welcome and History	2
<b><i>Section 2 – Committing to Treatment</i></b>	<b><i>3</i></b>
2.1 What is ABA	3
2.2 Parent Training	3
2.3 Session Availability	4
<b><i>Section 3 – Getting Started</i></b>	<b><i>5</i></b>
3.1 Starting Services	5
3.2 Authorizations and payment	5
3.3 ABA Funding FAQ	6
<b><i>Section 4 – Meet the Team</i></b>	<b><i>7</i></b>
4.1 Board Certified Behavior Analyst	7
4.2 Behavior Technician	7
4.3 Behavior Technician Assignments	7
4.4 Team Relationships	8
<b><i>Section 5 – Treatment</i></b>	<b><i>9</i></b>
5.1 Environment	9
5.2 Behavior Intervention Plan	9
5.3 Vacations and Holidays	9
5.4 Inclement Weather	9
<b><i>Section 6 – Rights and Responsibilities</i></b>	<b><i>10</i></b>
6.1 Staff Contact	10
6.2 Cancellation and Illness	10
6.3 Damages	10
6.4 Financial Responsibility	10
6.5 HIPAA / Confidentiality	12
6.6 Recording	13
<b><i>Signature</i></b>	<b><i>14</i></b>



## 1.1 Agency Culture

### **Motto:**

Empowering Solutions for Youth and Families.

### **Mission Statement:**

It is the mission of Nash Therapeutic Services (NTS) to provide real-world solutions to children and families in Arkansas who struggle with difficulties connected to autism and related developmental disorders. Our caring, knowledgeable, and professional team provides the highest level of support and establishes meaningful changes for our clients through the use of research-based behavioral services.

### **Company Vision:**

Nash Therapeutic Services envisions a world in which every family sees solutions rather than problems and every child is able to experience the joy of fitting in with the community around them.

### **Goals & Objectives:**

***Customer Satisfaction*** – We work to maintain a reputation within the community as the preeminent behavioral service provider in the area due to consistent implementation of proven procedural methods.

***Efficacy*** – By establishing a practice model which utilizes research-based strategies proven to integrate persons with developmental disabilities into their communities, we empower our clients to create their own long-term solutions. Progress is ensured through the continuous recording and evaluation of client-specific behavioral data.

***Professionalism*** – All programming is executed to exceed standards set-forth by the behavior analytics certification board. All personnel are vetted to ensure only those with current standardized qualifications are used for providing direct client care.

## 1.2 Purpose of this Handbook

This handbook has been prepared to inform new families of the policies and procedures of this company and to briefly notify parents and students of their rights and responsibilities during their time with us and to briefly explain what they can expect from our team and with their services. It is not exhaustive or intended to provide strict interpretations of our policies; rather, it offers an overview of the company's culture. This handbook is not a contract, expressed or implied, guaranteeing services for any length of time.

The company reserves the right to unilaterally revise, suspend, revoke, terminate or change any of its policies, in whole or in part, whether described within this handbook or elsewhere, in its sole discretion. If any discrepancy between this handbook and current company policy arises, current company policy will be recognized. Every effort will be made to keep you informed of the company's policies, however we cannot guarantee that notice of revisions will be provided. Feel free to ask questions about any of the information within this handbook. This handbook supersedes and replaces any and all policies and manuals previously distributed, made available or applicable to families.

## 1.3 Welcome to the Team

Welcome to the NTS Team. We look forward to working with you and your family as we overcome struggles and meet difficulties head-on by increasing your student's skills, improving their self-efficacy and their ability to access reinforcement in the community, home and school settings.

Nash Therapeutic Services, LLC. was originally founded in 2011 by Chris and Jennifer Nash. It was started to fulfill a vision - that clients and families are the real experts in their situations and by teaming-up with them, we could empower those families to develop solutions to the struggles they were facing. In doing this we developed clinical and behavioral therapy programs that provided genuinely supportive services to children and families with measurable outcomes and real-world, positive changes. Through the implementation of Applied Behavior Analysis, the gold standard in evidence-based treatment for Autism and other developmental disabilities; NTS set out to offer our families the best possible programming we could find. The company initially grew largely by word-of-mouth; as parents saw progress in their own children they naturally told friends and colleagues of their successes who in-turn sought out services for their own families. We also found growth due to the limited options available for ABA in the state and by advocating to the insurance providers on our clients' behalf. NTS became the first agency in Arkansas to become an in-network provider with several insurance carriers, including UMR and Blue Cross.

Fast forward to 2018, while mental-health and substance abuse treatment had been provided in a clinic-based setting at times, ABA was not. Due to the nature of our behavioral health programming NTS had actively chose to provide ABA in the natural environment, such as schools and in-home. However, in an effort to again be sensitive to the repeated requests from families, Nash Therapy has elected to open our doors to provide ABA services in a clinical environment. Research has shown in many cases that clinic-based programming can greatly improve the rate at which students acquire new concepts. While some clients will continue to receive services in-home or in a classroom, we are excited to be able to offer families the best possible programming for their students. We are dedicated to teaching children, to training their families to be more effective teachers and to ensure that everyone who works with our children use the best possible ABA methods currently available.

## 2.1 What is ABA?

Applied behavior analysis (ABA) is the use of techniques and principles to bring about meaningful and positive change in behavior.

Applied Behavior Analysis is the science that studies why people behave the way they do. ABA based therapy and treatment uses the basic principles of behavior analysis to change and improve the quality of lives of its consumers.

Board Certified Behavior Analysts measure outcomes to ensure goals are met. Goals are individualized and will look different depending on the needs of the consumer. Some goals may include:

- Learning to communicate effectively
- Reducing problematic behavior
- Coping with frustration
- Learning to learn
- Increasing independent daily living skills
- Increase executive functioning skills

The measuring of these met goals has been observed over numerous years with many diverse clients and therefore serves as evidence of the functional validity of this modality of practice. For this reason ABA is listed as an “Evidenced-based” treatment.

ABA can be implemented in the home, classroom, community, or clinic.

ABA therapy is not respite care or babysitting. An ABA therapist is not with a child so that a parent or caregiver can have a “break”.

ABA is not used to tutor clients academically. An RBT is obligated both by NTS and the certification board to implement ABA programs and protocols written by the BCBA program supervisor. RBT’s are mandated to report any attempts to alter an ABA program or deter an RBT from implementing an ABA program as it is written by the program supervisor.

## 2.2 Parent Training Policy

The long-term goal of **Applied Behavior Analysis** is to produce socially significant long-term behavior change that continues when a therapist is not present, or an ABA program ends. Research has shown, and it is now considered best practice to include a parent training component in all behavior change programs, to include skill acquisition and behavior reduction programming. Some insurance plans also require a parent training component be implemented with an ABA program. NTS agrees that parent training is an essential part of your child’s success. The strategies learned with a therapist in sessions must be practiced outside of therapy when no therapist is present to obtain meaningful change. Your child’s program will include a parent training component which is a necessary factor to ensuring successful behavior modification occurs. Parent training goals will be developed by parents and program supervisors and will include training and goal measurement. Behavior technicians can assist with parent training as part of your child’s program implementation. Examples of parent training goals can include but are not limited to; demonstrating behavior reduction techniques which have been taught and modeled previously and generalizing skill acquisition targets such as eliciting language or social responses.

When parents don’t comply with training goals student’s progress is generally delayed and, in some cases, they fail to acquire new concepts at all. Therefore, failure to follow parent training goals will result in reduction of hours or termination of services.

## 2.3 Session Availability Policy

The current recommended hours for effective ABA treatment range between 25-40 hours per week for early intervention and 10-15 for school age children.

Human, financial resources and ethical considerations of our profession and our certification board as well as regulations from funding sources often require ABA companies to show sustainable and effective treatment gains. NTS does not believe this is possible in under 6 hours per week. Since a less intensive program does not allow us the opportunity to effectively do the job we are contracted and obligated to do, we elect not to admit these students.

While age and level of functioning can have an impact on the number of hours we recommend, less than three sessions per week simply does not allow for sustainable treatment gains. Depending on your child's needs and functioning level your program supervisor may require a higher level of services than this minimum to be able to continue services.

As a parent, we understand that you will have to make decisions on what therapies or activities you feel are most important for your child, please feel free to contact us with any questions or concerns.

## 3.1 Starting Services

NTS uses Applied Behavior Analysis (ABA) as the basis for our treatment programs. ABA can be used to both teach new skills and reduce or eliminate undesirable behaviors.

### Step 1 - Initial consultation

The family will meet with an NTS representative, either by phone or in person. During this visit the agency rep will verify the diagnosis, contact information, insurance coverage, and need for services.

### Step 2 – Verify ABA coverage

NTS will contact your insurance provider to verify that your policy allows for the coverage of ABA services, determine pre-authorization requirements, and acquire authorization for and evaluation/assessment.

### Step 3 – Evaluation/Assessment

During this stage, we will discuss your child's behavior, strengths and weakness, look at current reports from schools, doctors or other providers. We will use observation to determine levels of severity and issue questionnaires and/or checklists to help develop a preliminary treatment plan\*.

### Step 4 – Start services

A treatment plan is written and submitted to your insurer to authorize services. Treatment services will not be scheduled until authorized by your insurance provider\*\*. Once services are authorized, a therapy schedule will be developed based on the needs of your child and the availability of behavior technicians that match you family.

## 3.2 Authorization and Payment

We will work with you to secure an authorization from your primary insurance company. An authorization for our services must be in place when we begin working with your child\*\*. Before services start, it is your responsibility to understand all rules of your policy, including deductibles, co-pays, and out-of-pocket expenses. You may elect to pay co-pays at the time of each visit or to be billed monthly. We will bill your insurance for all approved services. Once we receive payment from your insurance, we will send an invoice directly to you for payment of all outstanding charges. It is crucial that all outstanding charges, including co-pays, be paid in a timely manner. Collecting co-pays is required by all insurers and is not optional. A fee of \$35 will be charged for any returned checks.

At times we may request your help in communicating with the insurer or your physician if more documentation is needed for services to be authorized and continued. Please know that we have to pay your behavior technicians before we receive reimbursement from the insurance so timely responses are important.

It is your responsibility to let us know if anything changes about your contact information or insurance, including if you add a new insurance provider, even if we do not bill that insurer, as having multiple providers can affect your current providers pay schedule.

\* - Treatment plans are developed and revised in consultation with you as your child gains skills, demonstrates different behaviors or requires different methods for learning. Each program is individualized to your child and your family and will not look like another child's program. Your treatment plan may contain skills which may appear too easy for your child to ensure that they are successful.

\*\* - The family may elect at anytime to receive services as a self-pay option by simply completing a self-pay form. Self-pay options can be used for specific time and service when insurance providers refuse or may be utilized if the family is unable or elects not to receive a diagnosis of Autism (ASD). Please ask your program supervisor about the self-pay option if you need more information.

### 3.3 ABA Funding FAQ:

The following material is for informational purposes ONLY and is not meant to be construed as legal advice. You must check with your insurance company or legal consultant for verification of specific benefits that may be available to you under your insurance plan.

***How is ABA usually funded in Arkansas?***

- Private pay
- Private medical insurance
- Medicaid
  - Arkansas Autism Waiver
  - EPSDT
- Grants

***Does Medicaid/TEFRA cover ABA?***

Yes. Requests for ABA through TEFRA are made through a person's PCP on the annual EPSDT form. Once approved, services must occur in the home or community with parent present. School or clinic services are not approved.

***What is the Autism Waiver? How do I apply for the Autism Waiver?***

This Medicaid program is designed to provide early, intensive treatment for children diagnosed with autism. Children must be between the ages of 18 months and five years. Children must enter the program before their 5th birthday but can continue to receive services up to the day before their 8th birthday or a max of three years. They must also meet the financial and level of care eligibility requirements. This is a statewide program offering one to one intervention in the home for 20 to 30 hours per week. This program is designed to improve the child's skills in the areas of communication, socialization, self-care and behavior. Parents must be present for all sessions. For more information contact the AAP staff at 501-301-1100.

***Do you have to have a diagnosis of autism to receive funding for ABA?***

In most cases yes. Although ABA can benefit persons with various disabilities, most funding sources will only pay for ABA if the person has a diagnosis of autism. Many funding sources require a three-part diagnosis: psychologist, physician, and speech therapist. That said, always check, there are some sources that will pay for other diagnosis.

***How do I know if my health insurance policy covers ABA?***

Ask your HR contact. Benefits can be verified through calling a customer service from the number listed on the back of your health insurance card. It is often helpful for the customer service representative to look up benefits by code. As of 1/1/2019; Insurance companies should be using the codes below for ABA:

97151, 97152, 97153, 97155, 97156, 97154, 97157

Most carrier will require a prior authorization for services. Your provider will request this.

***If my health insurance covers ABA, do I have out-of-pocket costs?***

Out-of-pocket costs will vary by plan and carrier. Plans may require a flat, dollar copayment or co-insurance (co-insurance is when you pay a percentage of the bill 10-50%). PPO plans and some POS plans usually require a calendar year deductible before they pay benefits. They usually have out-of-pocket maximums and, once you pay a certain dollar amount in coinsurance, they start paying at 100% for the rest of the year.

***Where can I find information about grant programs for ABA?***

<https://www.uhccf.org/>

## 4.1 Board Certified Behavior Analyst (BCBA)

A Board-Certified Behavior Analyst (BCBA) sometimes referred to as simply a behavior analyst is a person with a post-graduate degree and specialized training in the development, implementation, and supervision of Applied Behavior Analysis programs. The BCBA is at the heart of any qualified ABA system. They will help to clearly define the strengths, deficits and needs of the client using research-based methodologies. The behavior analyst will also guide behavior technicians and family members on the proper use of behavior strategies to teach new skills and help the student use those skills across all aspects of his or her life.

## 4.2 Behavior Technician

Behavior Technicians, sometimes referred to as “Line Therapists” or simply as “Lines”, are paraprofessionals who work under the supervision of a BCBA. They implement the behavioral interventions that have been designed by a BCBA to produce the desired changes in client behaviors. A Registered Behavior Technician (RBT) is a behavior technician who has completed a minimum of 40 hours of academic coursework, have received on-the-job training in the direct application of applied behavior analysis, and have passed a nationally recognized exam demonstrating their commitment to the craft.

## 4.3 Behavior Technician Assignments

We assign behavior technicians to your child based on many different parameters such as availability, experience, temperament, and location. Although it is important that the behavior tech develop a relationship with your child, at times it will be necessary to make changes in the staff. We will try to make these changes in a way that cause as little disruption as possible for your child and family. If you desire a change in staff you will need to discuss it with your program supervisor. If frequent changes are requested, it may not be possible to maintain the same service level.

We take seriously our responsibility to ensure that the skills your child has learned can be demonstrated with others, including other NTS team members. We understand that attachments are developed when a technician has been assigned to your child for an extended period, and change can be scary. It has been our experience that children adapt quickly to new staff and treatment gains remain the same or increase.

In addition, technicians working at NTS are encouraged to gain a broad experience across many different clients and to pursue certification as RBTs and behavior analysts. When a technician becomes certified as a supervisor (BCBA), they no longer provide direct therapy.

## 4.4 Team Relationships

It is against the rules and ethics of our certification board for NTS employees to accept any gifts from clients or their families.

At NTS we like to promote a DRAMA-FREE environment so that the emphasis remains on providing the best services that we can for your child. However, because we form such close relationships and in some cases our staff may even be working in your home it is harder to keep professional/personal boundary lines from being crossed. The following policies should help prevent problems.

- Refrain from developing a personal relationship with behavior technicians outside of therapy.
- Refrain from engaging in social media contacts.
- It isn't appropriate to employ the behavior techs in any other capacity with your family, such as child care.
- If session occur within the home, it is important to establish house rules from the outset: things such as shoes off, which bathroom may be used etc. Because we are working in your home it is necessary for us to be able to use a bathroom at all times.
- Treat the behavior technician with the same level of respect that you would like to receive from them.
- Behavior technicians are required to report concerns to their supervisors expressed to them by the child's family.
- If you have a concern about a behavior technician on your case, speak to your supervisor rather than another behavior technician.
- If you have a question regarding your child's program or behavior, please direct it to your supervisor since the technicians on your case may not be qualified to answer it.
- Please feel free to sit in on therapy sessions and to read the program book on a regular basis.
- If you have a complaint about your child's supervisor please contact the Clinical Director, Jennifer Nash or the Administrative Director, Chris Nash.
- All employees, regardless of position, must submit to and successfully pass a criminal background check before employment may be offered.

If at any time and for any reason you are dissatisfied with our professional relationship, please let us know. If we are not able to resolve your concerns, you may report these to the following:

Behavior Analyst Certification Board, Inc.  
288 Remington Green Lane, Ste C  
Tallahassee, Florida 32308  
(850)-765-0902  
www.bacb.com

## 5.1 Environment

When receiving services in your home; we strive to be respectful of your privacy and your home while we are working with your child and to leave everything the way we find it or better. We ask that you ensure that our work space is useable when we are scheduled to arrive so that we can begin the session on time. We don't expect a spotless environment, just that the space can be used, and that all our stimuli is in place. In most cases we provide the items and reinforcers that we use while working with your child. We do reuse most items with other children, so we ask that you make sure your child and siblings do not play with them outside of therapy sessions. If items are damaged or lost, we will charge a fee for the cost of replacement.

When receiving services in clinic; we strive to provide a safe, clean, and reinforcing environment for your child. We ask that you help us keep the clinic in the best possible shape by placing all trash in receptacles and that waiting room be left as you find it. Please be sure to be on time to all appointments and sign in when you arrive to help us ensure that we have record of you and/or your child's attendance. To ensure that we are maintaining the highest level of safety for your child we do require that all our staff submit to rigorous background checks. Do to state and federal regulations, only staff and those receiving services are permitted into the clinic area generally. However, there will be times when other persons may need access to the treatment area (i.e. new family tour, facility repairs). Be assured that every precaution is taken to allow such access during times when students are not present and those entering the clinic are always accompanied by a member of our staff. That said, we are proud of the clinic and would be thrilled to give you a tour – just give us a call and we will get you scheduled.

## 5.2 Behavior Intervention Plan

If your child requires a Behavior Intervention Plan to reduce maladaptive behaviors it is essential that you follow through with the plan designed by the supervisor. Deviation from the plan or inconsistency with it can increase a behavior which you would like to see decreased. Prior to implementing a Behavior Intervention Plan you may be required to sign a contract.

## 5.3 Vacations and Holidays

NTS observes the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Services will not be provided on observed holidays. NTS clients and staff have the option to observe all federal and/or religious holidays, if they choose to do so. Therefore, it is important to communicate with your program supervisor about their holiday scheduling.

## 5.4 Inclement Weather

Though infrequent, inclement weather may affect our practice areas at times. Nash Therapeutic Services prioritize the safety of our team members and clients. Therefore, if inclement weather occurs within one of our practice areas it will be the policy of Nash Therapeutic Services to remain closed and all services within that practice area will be placed on hold during said event. It is the determination of administration that no services will be offered in any area in which the local school district has reported school closures. The clinic and all administrative services will follow the reports of the Pulaski County Special School District.

## 6.1 Staff Contact

While clients may be provided contact information for their program supervisors and/or behavior interventionist; NTS staff members may not be immediately available for consultation. In the event we do not answer, we will make every effort to return your call within 1 business day (excluding holidays). Because of the nature of the services provided, we do not provide on-call coverage 24 hours a day, 7 days a week. In emergency or crisis situations, please contact your physician or call 911 and/or go to the nearest emergency room.

## 6.2 Cancellation and Illness Agreement

If our employees appear for service or are in route to provide service when you cancel, we have to pay them for that session, but we cannot bill your insurance for that time. We will have to start billing you for these late cancelled sessions. We consider a late cancel to be anything less than 24 hours for a non-emergency related cancellation. For illness and emergency related cancellations, we need a two-hour notice to avoid the charge. This will also apply to sessions that are ended early or delayed start by the family without advance notice.

Please note: If more than 20% of scheduled sessions are missed, we reserve the right to dis-enroll the child from the program and offer the slot to another family.

Nash Therapeutic Services, LLC. illness policy:

To prevent the spread of illness, parents are required to contact their program supervisor or the NTS office to cancel their sessions if their child has exhibited any of the following symptoms within the past 24-hours:

- A fever of 100 degrees or higher (without medication)
- Vomiting
- Two or more episodes of Diarrhea
- Severe cold symptoms with green or yellow mucus
- Severe rash
- Any "flu like" symptoms

## 6.3 Damages Agreement

Unlike most companies, we provide you with most of the items that we use during therapy with your child. We are happy to do this since we reuse them with other clients, but in the event the items are lost or damaged outside of the therapy sessions we will charge the cost of replacement of each item.

## 6.4 Client Financial Responsibility

Clients or their legal representative are ultimately responsible for all charges for services rendered. Payment is expected at the time of service for all charges owed for the current visit as well as any prior balance. For those insurance plans with real time adjudication, payment will be collected at check out for charges incurred that day or billed on a monthly basis. For insurance plans that do not provide immediate patient responsible information,

settlement of your balance can be accomplished via card-on-file (preferred) or you may pay a deposit by date of service. If payment is not provided for more than three (3) consecutive invoices; services may be discontinued, and any discounts will be forfeited. Additionally, the client will be obligated and required to pay full charges plus any collection's fees incurred by the agency in the collection of all debts.

For card-on-file, we will charge your card for the balance you owe as soon as your insurance company informs us of the patient's responsibility. Under the deposit option, you may pay an estimate of the expected patient responsibility and we will settle the balance upon receipt of the Explanation of Benefits (EOB) from your insurance company by either sending a refund in the case of overpayment or sending a statement for the balance due. Both payment options benefit you by reducing administrative burden and settling your portion of the bill in a timely manner.

### Types of Payments

**Co-payment** – A contractually required payment by your insurance carrier, to be collected at the time the services are rendered.

**Deductible** – Some insurance plans require patients to pay a predetermined amount before services are covered by the insurance carrier.

**Co-insurance** – Some insurance plans require that clients pay a predetermined percentage (e.g. 20%) of the allowed charge amount. If the amount can be determined at the time of service, amount will be collected.

**Self-pay** – Any potential client may request involvement in the NTS self-pay program. This program is designed to allow our clients more control in the way their services are provided. To be enrolled in the self-pay program, you will need to request and complete the self-pay waiver. Payment for service is due at the time service is provided. Clients paying the total of charges within 24-hours will be given a prompt pay discount. If the family elects to be billed for services; The first session will require a deposit of \$250.00. The deposit will be applied to the client's charges. If the deposit exceeds the actual cost of outstanding balance a refund will be issued.

**Non-Covered** – In some cases your insurer may elect to pay for some services but decline others. While NTS makes every effort to follow the directives of your insurance provider, there are occasions in which a recommended or required service is not covered by your carrier. Where possible, we will inform you of any non-covered services prior to implementation. However, if non-covered service is provided, the patient will be expected to pay for the service(s) at the time of service. Under no circumstances will billing staff falsify or change clinical records in order to convince an insurer to pay for care that is not covered.

**Medicaid / Medicare** – NTS is not a Medicaid / Medicare provider. However, in some cases we are required by your insurance carrier to provide your Medicare information. Due to this, NTS does attempt to collect your Medicare patient ID.

Any outstanding balance that is due from the patient is payable in full upon receipt of statement. NTS reserves the right to deny services to any client that presents for services with an outstanding balance. Balance statements are generated monthly. Any client with an outstanding balance of greater than (90) days will be referred to an outside collection agency and will be charged a 10% collection fee in addition to the balance owed.

## 6.5 HIPAA / Confidentiality

This information is provided to you in response to federal regulations that took effect April 14, 2003. These regulations were issued by the Department of Health and Human Services of the U.S. Government in response to a law called “HIPAA” which was passed in 1996. Nash Therapeutic Services cares about your privacy and will do what is necessary to protect it. These regulations are about the privacy of you/your health and personal information known in the regulations as “Protected Health Information” or PHI. In the process of providing you with proper services, we will collect, use and share certain information you have provided. This policy explains how we collect and how we use you/your information. It also describes your rights as they relate to you/your PHI, and states how we protect the security and confidentiality of your information.

**Collecting information:** Each time an NTS member meets with you/your child, that member may collect and maintain information beneficial to treatment. This information typically includes symptoms, diagnosis, treatment plan and progress. Information from many sources may be included. This will continue during the course of treatment. We are required to retain this information after you/your child receive treatment from us for a minimum of five years.

**Sharing Information:** NTS may disclose PHI without authorization from you under these circumstances:

- For treatment purposes, such as to your physician, a hospital, another therapist or professional who has a legitimate, recognized need to have the information and have been identified as a member of your treatment team
- For payment purposes, when accessing Medicaid or Insurance reimbursement for qualified clients.
- For office operations, such as to set-up or confirm appointments, or share your PHI between clinicians and qualified staff on a need to know basis.
- To communicate with family members or friends who you designate with written consent as being allowed to receive this information.
- In case of suspected abuse, neglect and domestic violence.
- To avert a serious threat to health or safety.
- To business associates: there are times we will do business with other organizations called business associates such as answering services, on-call counselors, etc. These parties are aware of HIPPA regulations and have agreed with the agency to safeguard and protect your PHI.
- As otherwise provided by law.

In all other cases we will disclose PHI only upon receipt of a proper authorization signed by you or your legal representative.

### *HIPAA cont.*

Your rights regarding PHI: Although the PHI is the legal property of the agency, you have certain rights regarding PHI. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and receive a copy of your treatment record.  
(financial charges may apply)
- Amend your counseling record as appropriate.
- Obtain an account of disclosures of your treatment information made by the agency.
- Request a restriction on certain uses and disclosures of your information.
- Authorize individuals, including family and friends, to access your information as it pertains to treatment and general operations.
- Revoke your authorization to use or disclose treatment information except to the extent that it has already been disclosed.

The responsibilities of Nash Therapeutic Services, LLC:

- Maintain the privacy of your treatment information as described above.
- Maintain records on treatment staff and require professional members to maintain current licensure.
- Maintain current licensure status.
- Abide by the terms of this notice.
- Notify you in the event NTS or its member(s) are unable to agree to requests.

## 6.6 Recording

It is always our goal to provide each student with the best services and safest environment possible. To that end we attempt to take advantage of every opportunity to improve our professional practice while protecting your family and our team members. Through the use of video surveillance, we are able to monitor staff and peer interactions in real-time and during supervisory reviews.

NTS wants you to be aware that video monitoring is active in our clinic 24-hours a day, 7-days a week. While those recordings may be pulled at any time, you should be aware that recordings will only be used for the purposes specified below. You should also be aware that while these recording may be transmitted via electronic means (i.e. internet and email), records will be kept confidential. Your understanding of this process is required in order for your family to receive services in this environment.

Photographic, audio or video recordings may be used for the following purposes:

- Treatment procedural integrity
- Educational presentations or courses
- Clinician review
- Documentation of client growth
- Video modeling
- Certification compliance
- Criminal / Ethical Investigations

## Acknowledgement of Receipt for Parent Handbook

*(Parent Copy — Keep with Handbook)*

\_\_\_\_\_ I acknowledge that I have received a copy of the Parent Handbook. I understand that I am responsible for reading the information contained in the Handbook.

\_\_\_\_\_ I understand that the Handbook is intended to provide me with a general overview of the company's policies and procedures. I acknowledge that nothing in this Handbook is to be interpreted as a contract, expressed or implied, nor does it guarantee my services for any period of time.

\_\_\_\_\_ I understand that NTS may revise, suspend, revoke, terminate, change or remove, prospectively or retroactively, any of the policies or procedures of the company, whether outlined in this Handbook or elsewhere, in whole or in part, with or without notice at any time, at the company's sole discretion.

I acknowledge that I have read, understand, and accept responsibility for Section:

\_\_\_\_\_ 6.1 Staff Contact      \_\_\_\_\_ 6.2 Cancellations      \_\_\_\_\_ 6.3 Damages

\_\_\_\_\_ 6.4 Financial Responsibility      \_\_\_\_\_ 6.5 HIPAA / Confidentiality

\_\_\_\_\_ 6.6 Recordings

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(NTS Representative)

\_\_\_\_\_  
Date

## Acknowledgement of Receipt for Parent Handbook

*(Company Copy — Detach and retain for records)*

\_\_\_\_\_ I acknowledge that I have received a copy of the Parent Handbook. I understand that I am responsible for reading the information contained in the Handbook.

\_\_\_\_\_ I understand that the Handbook is intended to provide me with a general overview of the company's policies and procedures. I acknowledge that nothing in this Handbook is to be interpreted as a contract, expressed or implied, nor does it guarantee my services for any period of time.

\_\_\_\_\_ I understand that NTS may revise, suspend, revoke, terminate, change or remove, prospectively or retroactively, any of the policies or procedures of the company, whether outlined in this Handbook or elsewhere, in whole or in part, with or without notice at any time, at the company's sole discretion.

I acknowledge that I have read, understand, and accept responsibility for Section:

\_\_\_\_\_ 6.1 Staff Contact      \_\_\_\_\_ 6.2 Cancellations      \_\_\_\_\_ 6.3 Damages

\_\_\_\_\_ 6.4 Financial Responsibility      \_\_\_\_\_ 6.5 HIPAA / Confidentiality

\_\_\_\_\_ 6.6 Recordings

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(NTS Representative)

\_\_\_\_\_  
Date