

# **Learning Coach LLC Therapy Intake Packet**



Bellingham, WA  
LearningCoachWA.com  
Office Phone: (360) 207-4560  
Fax: (360) 325-7720

# Referral for Occupational Therapy Evaluation

Please fill out this form and fax it to Learning Coach LLC at (360) 325-7720,  
or have the client bring it to their initial occupational therapy evaluation.

## Family Information

- Student / Client / Child Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Guardian / Legal Representative Name \_\_\_\_\_
- Relationship to Client \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Email \_\_\_\_\_

## Occupational Therapy Clinic Information

- Occupational Therapy Practice: Learning Coach LLC
- Occupational Therapy Practice Contact: 360-207-4560; LearningCoachWA.com

## Medical Examiner Information

- Name and Credentials \_\_\_\_\_
- Office Phone Number \_\_\_\_\_
- Office Address \_\_\_\_\_

*I, the undersigned medical examiner, affirm that I have provided sufficient medical examination to determine whether the above client's daily functioning is adversely impacted by one or more of the conditions below:*

## Developmental Conditions, Scholastic

- \_\_\_\_\_ F81.9 Developmental disorder of scholastic skills, unspecified
- \_\_\_\_\_ F82- Specific developmental disorder of motor function
- \_\_\_\_\_ F84.0 Autistic disorder
- \_\_\_\_\_ F84.5 Asperger's syndrome
- \_\_\_\_\_ F84.9 Pervasive developmental disorder, unspecified
- \_\_\_\_\_ F88- Other disorders of psychological development
- \_\_\_\_\_ Other \_\_\_\_\_

## **Anxiety**

\_\_\_\_\_ F41.1 Generalized anxiety disorder

\_\_\_\_\_ F41.9 Anxiety disorder, unspecified

\_\_\_\_\_ Other \_\_\_\_\_

## **Intellectual Disability**

\_\_\_\_\_ F70 - Mild intellectual disabilities

\_\_\_\_\_ F71 - Moderate intellectual disabilities

\_\_\_\_\_ Other \_\_\_\_\_

## **Sensory Processing / Executive Functioning**

\_\_\_\_\_ R27.8- Other lack of coordination (includes Dysgraphia, Dysmetria, Dyspraxia)

\_\_\_\_\_ R41.840- Attention and concentration deficit

\_\_\_\_\_ R41.9 Unspecified symptoms and signs involving cognitive functions and awareness

\_\_\_\_\_ R44.8- Other symptoms and signs involving general sensations and perceptions

\_\_\_\_\_ R46.3 Overactivity

\_\_\_\_\_ R46.4 Slowness and poor responsiveness

\_\_\_\_\_ R62.0 Delayed milestone in childhood

\_\_\_\_\_ Other \_\_\_\_\_

## **Occupational Therapy Evaluation is**

\_\_\_\_\_ RECOMMENDED at this time.

\_\_\_\_\_ NOT RECOMMENDED at this time.

*If an occupational therapy evaluation indicates the condition causes an adverse impact in an area of the client's functioning, I, the undersigned medical examiner, prescribe Therapeutic Activities (CPT 97530) and/or Sensory Integrative Techniques (CPT 97533) to habilitate and/or rehabilitate the client's functioning.*

Medical Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_

# Release of Information Consent Form

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

## Medical Release of Information

For the purposes of evaluation and treatment planning,

**1. This form authorizes medical release of information regarding:**

Client name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2. Learning Coach LLC is authorized to:**

\_\_\_\_\_ Send \_\_\_\_\_ Receive

**3. The following information:**

\_\_\_\_\_ Medical history and evaluation(s)

\_\_\_\_\_ Mental health evaluations

\_\_\_\_\_ Developmental and/or social history

\_\_\_\_\_ Progress notes, and treatment or closing summary

\_\_\_\_\_ Other \_\_\_\_\_

**4. To / From**

Physician / Pediatrician / Practice Name \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

**5. Authorized by**

Legal Representative \_\_\_\_\_

Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Educational Release of Information:**

**1. This form authorizes educational release of information regarding:**

Client name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2. Learning Coach LLC is authorized to:**

\_\_\_\_\_ Send \_\_\_\_\_ Receive

**3. The following information:**

\_\_\_\_\_ Educational records

\_\_\_\_\_ Therapeutic history and evaluation(s)

\_\_\_\_\_ Therapeutic progress notes, and treatment or closing summary

\_\_\_\_\_ Other \_\_\_\_\_

**4. To / From**

School Name \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

**5. For the purposes of:**

\_\_\_\_\_ Evaluation and treatment planning

\_\_\_\_\_ Consultation

\_\_\_\_\_ Other \_\_\_\_\_

**6. Authorized by**

Legal Representative \_\_\_\_\_

Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Client Acknowledgement**

*I understand that this information may be protected by Title 45 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.*

*I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after (some states vary, usually 1 year) this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.*

Client name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal guardian name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are the legal guardian or representative appointed by the court for the client, please attach a copy of this authorization to receive this protected health information.**

# Financial Responsibility Form

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

**Financial Responsibility Statement.** Learning Coach LLC strives to make services accessible to clients by utilizing third-party payer sources that reduce the financial cost to the client. However, all services require a designated person to assume financial responsibility for services not covered by insurance.

**Good Faith Estimate.** Learning Coach LLC services are estimated at the cost of \$200 for evaluations and \$120 per treatment session. One session per week would then cost \$1,520 per service quarter (\$560 in the first month and \$480 for each of the following 2 months). Two sessions per week would then cost \$3,040 per service quarter (\$1,120 in the first month and \$960 for each of the following 2 months).

**Third-Party Payer Sources.** Learning Coach LLC offers an estimate of benefits to clients who provide the Insurance Verification Form, and offers a statement of insurance reimbursement (“superbill”) at the end of every service month for those opting to use a third-party payer source. Learning Coach LLC is committed to furnishing complete and accurate records of medically necessary services for third-party payer sources, but does not become involved in disputes between clients and third-party payer sources regarding uncovered charges or reasons for denial. Learning Coach LLC will provide if a third-party payer source determines that a rendered service is not covered.

**Payments Due.** Payment is due at the time of service, or upon notification that a third-party payer source has not covered services. If fees are not paid in full, services may be postponed or canceled until payment is received.

*BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.*

Client name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Financially responsible party's name: \_\_\_\_\_ Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*continue to Insurance Verification Form →*

# Insurance Verification Form

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

To receive an estimate of benefits coverage, please submit the following information:

## **Insurance Company Information:**

*(This information should all be found on your insurance card).*

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

## **Policy Information:**

Name of Insurance Plan Holder \_\_\_\_\_

Relationship to student / client / patient: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number \_\_\_\_\_

## **Optional, Helpful Information:**

Medical Deductible \_\_\_\_\_

Medical Out-Of-Pocket Max \_\_\_\_\_

*BY SIGNING BELOW I AM AGREEING THAT I HAVE PROVIDED THE MOST ACCURATE AND UP-TO-DATE INFORMATION AVAILABLE TO ME.*

Financially responsible party's name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Learning Coach LLC Practice Policies

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

## Practice Pledge

Learning Coach LLC pledges to use the following standards of practice to help children, adolescents, and families show measurable improvement in outcomes related to learning:

- 1. Family Coaching** for clarity and engagement in goal-setting and methodologies.
- 2. Positive Rapport** with students and families by using contexts of play, problem-solving, and student-centered interests and language.
- 3. Expertise in Developmental Learning** for applying up-to-date, evidence-based methodologies appropriate to a student's age and development.
- 4. Holistic Analysis** for viewing all aspects of a problem related to learning, and identifying an accessible target for improving overall outcomes.
- 5. Everyday Integration** for integrating therapeutic goals and methodologies into the student's everyday contexts.

## Service Process and Timelines

- 1. Initial Interview.** Learning Coach LLC offers free initial phone calls for clients to explore whether services meet their needs, and also offers resources for clients to read about services.
- 2. Intake information.** Clients acknowledge they have reviewed Practice Policies, Notification of Privacy Policies, Informed Consent for Occupational Therapy, Electronic Communications Policy. Additionally, clients submit information regarding client needs, insurance information, and physician referral information. Learning Coach LLC will then return an Estimate of Benefits Coverage Form.
- 3. Initial Evaluation.** Learning Coach LLC conducts a 105-minute evaluation of the client in their home or other familiar location based on information provided in the intake information, and then collaborates with clients to create goals and treatment strategies likely to show progress.
- 4. Monthly Scheduling.** Clients and Learning Coach LLC review dates, times, and locations of all appointments for the following calendar month before the first service occurs. Appointments take place in locations most relevant to the client's goals, and may include the client's home or a simulated classroom environment; social environments such as a cafe or outdoor play area; a private office or clinical space; or other location agreed between the client and provider during treatment planning.
- 5. Quarterly Treatment Planning.** Every 3 months (a "quarter") Learning Coach LLC and clients collaborate to review goal progress and treatment strategies. If the client

shows a continued need for services, services may continue after Learning Coach LLC and clients agree on updated goals and treatment strategies.

6. *Termination of Services.* Services are terminated for any of the following reasons: clients have met their goals and show no continued need for services; clients are not showing progress despite multiple strategies attempted; client attendance rate has fallen below 80% of what is expected in the treatment plan; person financially responsible has not paid for services; or other reasons accompanied by good faith explanation. Learning Coach LLC will notify clients of risk of service termination by reminding clients of specific practice policies, giving a notification of “final warning,” and then a notification of termination.

## **Client Portal**

Learning Coach LLC uses an online portal where clients can view their scheduled session times and available times for rescheduling, accessible on personal computers and mobile devices. It can be accessed from a personal computer on [www.LearningCoachWA.com](http://www.LearningCoachWA.com) by clicking *Scheduling Portal* at the top-right of the screen, or by going directly to [www.LearningCoachWA.com/account/my\\_bookings](http://www.LearningCoachWA.com/account/my_bookings). It can be found on a mobile device via the application *Spaces* (by Wix) and the invite code LCOACH.

## **Cancellations and Rescheduling**

Learning Coach LLC affirms the importance of consistent practice to meet therapeutic outcomes and also recognizes the urgency of unexpected health changes, and therefore operates under the following cancellation policies:

*Rescheduling.* Any cancellations to scheduled appointments require a make-up appointment within 14 days of the canceled appointment, or are subject to a \$45 missed session fee. Clients can cancel and reschedule sessions via the client portal.

*Alternative Appointments.* Clients may choose to reschedule an appointment as an alternative appointment, such as a virtual session for the client, a phone consultation with a person on the client’s plan of care, or the transmission of therapeutic materials and activities (e.g. videos or worksheets). Please note that all alternative appointments are billed as a full session and may not be covered by a third-party payer.

*Late cancellations.* Illness-related cancellations should be made before 9:00am the day of the appointment or are subject to a late cancellation fee of \$45. Non-illness-related cancellations within 24 hours of the appointment are subject to a \$45 late cancellation fee and rely on good-faith honest reports from clients about the nature of the cancellation.

*No Shows.* Appointments in which the client does not arrive to the appointment location within 15 minutes of the agreed appointment time, or gives less than 30 minutes' cancellation notice, are charged as a completed session. (This is the worst-case scenario, but accounts for therapist travel and preparation time.)

### **Contact and Communications**

Learning Coach LLC's standard business hours are Mondays through Fridays, 8am to 5pm, in which Learning Coach LLC makes good faith attempts to return missed calls or electronic communication within 2 business days.

Learning Coach LLC occasionally uses social media to seek feedback from the community on local learning-related needs, as well as to dispense information detailing best practices regarding learning. Learning Coach LLC reserves the right to provide general guidance to the community without accepting networking requests such as friend requests, follows, or other networking.

Clients may use the contact field on [www.LearningCoachWA.com](http://www.LearningCoachWA.com) or the email [chris@learningcoachwa.com](mailto:chris@learningcoachwa.com) for general inquiries. The use of electronic communication that involves protected health information being sent, received, or stored electronically carries a level of security risk. Learning Coach LLC recommends, and in some cases requires, the use of secure (encrypted) forms of communication to minimize the security risk, though this does not always guarantee or eliminate the risk of a potential breach of information. Conversations involving protected health information or therapeutic content are most secure via a phone conversation or in-person session. More information can be found via the *Electronic Communications & Telehealth Consent Form*.

### **Routine versus Professional Calls**

Learning Coach LLC provides virtual (phone or video conference) consultation and coaching, and makes distinctions about when phone calls are billed as a service:

*There is no charge for* brief exchanges of routine information, typically under 10 minutes. There is no charge for initial calls to discuss whether services are appropriate for a prospective client.

*There may be a charge for* calls requesting therapeutic information, opinion, interpretation, planning, or other professional service. Learning Coach LLC therapists will inform the client when their response will constitute as a billable service and reach an agreement on whether to continue with the consultation, schedule a separate phone consultation, exchange information during an upcoming in-person service delivery, or another option.

## **Payment Policies**

Learning Coach LLC strives to make services accessible to clients by utilizing payment sources that reduce the financial cost to the client. However, all services require a designated person to assume financial responsibility for services not covered by insurance.

Learning Coach LLC's standard service fee is \$120 per hour of service, billed in 15-minute increments. This rate applies to therapeutic sessions provided in the client's home or community, as well as scheduled phone consultations and coaching calls. Learning Coach LLC also periodically provides group classes, prices of which are posted on the Learning Coach LLC website at [learningcoachwa.com/groups](http://learningcoachwa.com/groups).

Learning Coach LLC offers:

1. A good faith estimates of service costs after scheduling an evaluation;
2. An estimate of benefits to clients who provide insurance verification;
3. A statement of insurance reimbursement ("superbill") at the end of every service month for those opting to use a third-party payer source;
4. Commitment to furnishing complete, accurate records of medical necessity for third-party payer sources.
5. Notification if a third-party payer source determines that a rendered service is not covered.

Payment is due at the time of service, or upon notification that a third-party payer source has not covered services. If fees are not paid in full, services may be postponed or canceled until payment is received.

## **Court Proceedings and Legal Fees**

Learning Coach LLC understands that focusing on learning outcomes for students may require navigating tensions involving schools, healthcare, social services, families, and other entities. Learning Coach LLC encourages navigating tensions within the context of coaching services, working with families to identify challenges, possible solutions, and committed courses of action. To preserve coaching as the preferred avenue for resolving tensions, Learning Coach LLC charges fees associated with involvement in court action at a rate higher than the standard professional fee:

1. Preparation time (including submission of records): \$150/hr (billed in 15 minute increments, rounded up)
2. Phone calls: \$150/hr (billed in 15 minute increments, rounded up)
3. Depositions: \$150/hour
4. Time required in giving testimony: \$150/hour
5. Mileage: \$0.63/mile

6. Time away from office due to depositions or testimony: \$150/hour
7. All attorney fees and costs incurred by the therapist as a result of the legal action.
8. Filing a document with the court: \$100
9. The minimum charge for a court appearance: \$1000

PLEASE NOTE: A retainer of \$1000 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice there will be an additional \$250 express charge. Also, if the case is reset with less than 48-hour notice, then clients will be charged \$500 in addition to the retainer of \$1000. All fees are doubled if any out-of-town travel is superseded by the court action.

**Release of Information**

Learning Coach LLC evaluation and treatment is informed holistically by the client’s educational, medical, social, and developmental history. Learning Coach LLC recommends clients complete a release of information form for Learning Coach LLC to receive information from the client’s primary care physician, school, and other relevant therapeutic services received.

**Complaints**

Clients with complaints about services received or rights violated are first encouraged to bring the complaint up with Learning Coach LLC at 360-207-4560 for informal resolution. If clients determine the complaint has not been adequately resolved, they can also contact the Washington State Department of Health’s complaints department at 360-236-4700.

*BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.*

Client name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal guardian name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Informed Consent for Occupational Therapy Services**

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

**Purpose of Informed Consent Form.** This form explains the nature of occupational therapy services delivered by Learning Coach LLC, its benefits, risks, and factors relevant to client safety, physical contact, and confidentiality. Services may only begin after the client or legal representative reviews, understands, and agrees to the items contained in this document.

## **Nature and Benefit of Services**

Learning Coach LLC delivers occupational therapy services by a registered occupational therapist licensed in Washington State. Services are designed to help children, adolescents, and families show measurable improvement in outcomes related to learning, including but not limited to: creating and maintaining healthy routines, creating effective environments for learning and playing, creating and training self-regulation skills, accommodating for behaviors disruptive to learning, adaptive skill development, communicating effectively about problems and goals, self-advocacy skills, organization of time and materials, and training in assistive technology.

## **Risks**

Learning Coach LLC acknowledges the risks associated with services, and pledges that service providers are professionally trained to minimize risk in the following situations:

*Physical risks.* Learning Coach LLC uses sensory modalities to facilitate learning performance, which can involve tasks such as the client balancing on a balance board, performing jumping movements, or lifting objects such as a weighted backpack.

*Emotional risks.* Learning Coach LLC focuses on learning performance, which clients may associate with school stress or situations that provoke anxiety.

## **Safety and Physical Contact**

Learning Coach LLC pledges that all service providers are professionally trained to maintain professional standards in the following situations:

*Minimization of physical restrictions.* Learning Coach LLC interventions may target behaviors that can be disruptive to learning, and service providers are professionally trained to provide intervention in a context of acceptance and safety. If a client engages in a behavior or behaviors that the service provider deems unsafe and the client does not respond to verbal prompting to cease the behavior(s), the service provider must use the least restrictive method of interrupting the unsafe behavior, which may include a physical restraint in a safe and non-punitive manner. After de-escalating the situation, a written report will be made available detailing the situation's context, behaviors, prompts, and consequences.

*Postural cuing and corrections.* Physical contact may also be used to facilitate sensory or postural elements of a learning task, such as correcting sitting posture at a desk, supporting balance, facilitating correct grasp pattern of a learning tool, or directing attention via a tactile cue.

*Safe and positive attention.* Physical contact is also relevant to services when the client seeks affectionate contact with a service provider such as via a hug or lap-sitting. Learning Coach LLC Service providers respond to these bids for attention in a manner that is safe, positive, and appropriate to the client's age and developmental level.

## **Confidentiality**

Learning Coach LLC is committed to protecting personal health information. Learning Coach LLC service providers create a record of care and services provided to meet legal requirements and to provide quality services. Learning Coach LLC offers a *Notice of Privacy Practices* for comprehensive details about the ways Learning Coach LLC may use and disclose personal health information, client rights to the health information maintained by Learning Coach LLC, and obligations Learning Coach LLC has regarding the use and disclosure of personal health information.

## **Service Locations**

Learning Coach LLC services take place in locations most relevant to the client's goals, and may include the client's home or a simulated classroom environment; social environments such as a cafe or outdoor play area; a private office or clinical space; or other location agreed between the client and provider during treatment

planning. Clients and legal representatives have a choice about service locations during session scheduling, and have the right to alter service location to a private location at any time.

*Benefits of Services in Public Settings.* Services delivered in public settings include the potential benefit of natural social and environmental interactions that carry into the client's daily life.

*Risks of Services in Public Settings.* Services delivered in public settings include the potential risks of distractions irrelevant to therapeutic goals and community member identification of the client receiving occupational therapy services, which some interpret with stigma due to the implication of disability. Learning Coach LLC therapists are professionally trained to maintain focus on therapeutic goals, redirecting irrelevant public distractions as needed, maintaining a confidential professional identity, and pivoting service strategies as needed.

### **Client Agreement**

*I consent and authorize Learning Coach LLC to administer treatment under the direction and supervision of a registered occupational therapist.*

*I understand and am informed that occupational therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about the client's condition prior to treatment.*

*I understand that services delivered in a public setting relevant to a client goal pose risks to confidentiality, and that I have the right to choose the location of services.*

***BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.***

Client name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal guardian name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# **Notice of Privacy Practices**

Learning Coach, LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

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

## **I. Learning Coach LLC's pledge regarding health information.**

Learning Coach LLC is committed to protecting personal health information. Learning Coach LLC service providers create a record of care and services provided to meet legal requirements and to provide quality services.

This notice applies to all of the records of care generated by Learning Coach LLC. This notice explains the ways in which Learning Coach LLC may use and disclose personal health information. It also details client rights to the health information maintained by Learning Coach LLC, and describes certain obligations Learning Coach LLC has regarding the use and disclosure of personal health information.

Learning Coach LLC is required by law to:

1. Make sure that protected health information ("PHI") that identifies clients is kept private.
2. Give clients this notice of Learning Coach LLC's legal duties and privacy practices with respect to health information.
3. Follow the terms of the notice that is currently in effect.

Learning Coach LLC can change the terms of this Notice, and such changes will apply to all personal health information. The new Notice will be available upon request, in physical copy during sessions, and on the Learning Coach LLC website.

## **II. HOW LEARNING COACH LLC MAY USE AND DISCLOSE CLIENT PROTECTED HEALTH INFORMATION:**

Learning Coach LLC uses and discloses health information in these ways:

Not every use or disclosure in a category will be listed. However, all of the ways Learning Coach LLC is permitted to use and disclose information will fall within one of the categories.

1. For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Learning Coach LLC may also disclose client protected health information for the treatment activities of any health care provider. This too can be done without client written authorization. For example, if a health care provider were to consult with another licensed health care provider about the client's condition, Learning Coach LLC would be permitted to use and disclose client personal health information, which is otherwise confidential, in order to assist the health care provider in diagnosis and treatment of the client's condition.
2. Disclosures for treatment purposes are not limited to the minimum necessary standard because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.
3. Lawsuits and Disputes: If a client is involved in a lawsuit, Learning Coach LLC may disclose health information in response to a court or administrative order. Learning Coach LLC may also disclose health information about a client's child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell clients about the request or to obtain an order protecting the information requested.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE CLIENT AUTHORIZATION:**

Session Notes: Learning Coach LLC service providers keep "Session notes" and any use or disclosure of such notes requires client Authorization unless the use or disclosure is:

1. For use in treating the client.
2. For use in training or supervising associates to help them improve their clinical skills.
3. For use in defending Learning Coach LLC in legal proceedings instituted by the client.
4. For use by the Secretary of Health and Human Services to investigate Learning Coach LLC compliance with HIPAA.
5. Required by law and the use or disclosure is limited to the requirements of such law.
6. Required by law for certain health oversight activities pertaining to the originator of the session notes.

7. Required by a coroner who is performing duties authorized by law.
8. Required to help avert a serious threat to the health and safety of others.

Learning Coach LLC will not use or disclose client PHI for marketing purposes and will not sell client PHI in the regular course of business.

#### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE CLIENT AUTHORIZATION.**

Subject to certain limitations in the law, Learning Coach LLC can use and disclose client PHI without client Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although preference is to obtain an Authorization from the client before doing so.
5. For law enforcement purposes, including reporting crimes occurring on Learning Coach LLC premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although preference is to obtain an Authorization from the client, Learning Coach LLC may provide client PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Learning Coach LLC may use and disclose client PHI to contact clients for reminders of appointments. Learning Coach LLC may also use and disclose client PHI to explain treatment alternatives, or other health care services or benefits offered.

## **V. CERTAIN USES AND DISCLOSURES REQUIRE CLIENTS TO HAVE THE OPPORTUNITY TO OBJECT.**

Disclosures to family, friends, or others. Learning Coach LLC may provide client PHI to a family member, friend, or other person that is indicated in being involved in client care or the payment for health care, unless the client objects in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## **VI. CLIENTS HAVE THE FOLLOWING RIGHTS WITH RESPECT TO PHI:**

1. **The Right to Request Limits on Uses and Disclosures of Client PHI.** Clients have the right to ask Learning Coach LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Learning Coach LLC is not required to agree to client request, and may say “no” if it is believed it would affect the client’s health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** Clients have the right to request restrictions on disclosures of PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that clients have paid for out-of-pocket in full.
3. **The Right to Choose How Learning Coach LLC Sends PHI to Clients.** Clients have the right to ask Learning Coach LLC to contact them in a specific way (for example, home or office phone) or to send mail to a different address, and Learning Coach LLC will agree to all reasonable requests.
4. **The Right to See and Get Copies of Client PHI.** Other than “session notes,” clients have the right to get an electronic or paper copy of their medical record and other information that Learning Coach LLC has about the client. Learning Coach LLC will provide clients with a copy of their record, or a summary of it, if they agree to receive a summary, within 30 days of receiving the client’s written request, and Learning Coach may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures Learning Coach LLC has Made.** Clients have the right to request a list of instances in which Learning Coach LLC has disclosed client PHI for purposes other than treatment, payment, or health care operations, or for which clients provided Learning Coach LLC with an Authorization. Learning Coach LLC will respond to client requests for an accounting of disclosures within 60 days of receiving the request. The list Learning Coach LLC will provide will include disclosures made in the last six years unless the client requests a shorter time. Learning Coach LLC will provide the list at no charge, but if clients make more than one request in the same year, Learning Coach LLC will charge the client a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Client PHI. If a client believes that there is a mistake in their PHI, or that a piece of important information is missing from their PHI, they have the right to request that Learning Coach LLC correct the existing information or add the missing information. Learning Coach LLC may say “no” to the client’s request, but will explain why in writing within 60 days of receiving the request.
7. The Right to Get a Paper or Electronic Copy of this Notice. Clients have the right get a paper copy of this Notice, and clients have the right to get a copy of this notice by e-mail. And, even if clients have agreed to receive this Notice via e-mail, they also have the right to request a paper copy of it.

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on July 8th, 2024.

**Acknowledgement of Receipt of Privacy Notice**

*BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.*

Client name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal guardian name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Electronic Communications Policies - Learning Coach LLC**

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

**Purpose of this form.** The purpose of this policy is to clarify the use, limitations, and risks of electronic communication during your work with Learning Coach LLC. Many forms of electronic communication can put your privacy at risk. Learning Coach LLC makes efforts to communicate with you in ways that safeguard therapeutic boundaries, assure the security and confidentiality of your treatment, and are compliant with ethics and laws. Please read this policy carefully, and if you have any questions, please discuss them with your therapist.

## **Email and Text Communications**

Learning Coach LLC offers email and/or text communication, using it only with your permission, and only for administrative purposes. Therefore, email exchanges and text messages with Learning Coach LLC should be limited to things like setting and changing appointment times, notifying your therapist if you are running late to a session, and simple billing matters. Due to limitations in security, please do not email or text your therapist about therapeutic matters. Your therapist is ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication. A judge can subpoena your records for a variety of reasons, and if this happens, your therapist must comply. You should also be aware that any email sent to your therapist from a computer in a work-place environment is legally accessible by your employer. All emails are stored in the logs of Internet service providers and/or employers. While it is unlikely that these logs will ever be reviewed, they are nevertheless available to be read by system administrator(s). If you choose to communicate with Learning Coach LLC via email, please be aware that any emails received from you, and any responses sent to you, become part of your therapeutic record. If you need to discuss a therapeutic matter with your therapist, please call directly, or wait to discuss it in your next session. The telephone and face-to-face context are the most secure modes of communication.

## **Website and Blog**

Learning Coach LLC maintains a professional website that will be available to provide information about services, as well as to educate and provide resources. In order to protect your privacy, the ability to leave comments on the website will be disabled. If you have questions or feedback about any of the information shared on the website or blog, please discuss them during your appointment time with your therapist.

## **Social Media**

Learning Coach LLC maintains social media pages to share pertinent articles related to learning and therapy. You are welcome to follow/like these professional social media pages and read or share articles posted there. However, by doing so you understand that this may

compromise your confidentiality. Individual therapists at Learning Coach LLC may participate on various social networks like Facebook, Twitter, YouTube, Instagram, and LinkedIn. Learning Coach LLC policy is that individual therapists do not engage with any current or previous clients through these social media platforms as casual social contact could create significant security risks for clients and have the potential to compromise the professional relationship.

Learning Coach LLC will not use web searches to gather information about you without your permission as we believe this violates your privacy rights. However, we understand that you might choose to gather information about your therapist in this way. There is a lot of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter such reviews of your therapist, please feel free to share them in person so any concerns can be addressed. In order to protect your confidentiality, Learning Coach LLC does not encourage “rating” our work online, but discussing both positive experiences and concerns directly with your therapist.

### **Acknowledgment of Receipt and Permissions**

I understand that I may change or revoke any or all of my permissions at any time in the future, simply by discussing it with my clinician and signing a new Electronic Communication Policy. I have read and understand the Electronic Communication Policy. I agree to the statements herein. This document was discussed with me and any questions I had were answered fully.

\_\_\_\_\_ I agree \_\_\_\_\_ do not agree to use texting as a way to communicate with my clinician for administrative purposes only.

\_\_\_\_\_ I agree \_\_\_\_\_ do not agree to use email as a way to communicate with my clinician for administrative purposes only.

*BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.*

Client name \_\_\_\_\_

Legal guardian name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Credit Card Authorization Form

Learning Coach, LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

**Purpose of this form.** By your electronic signature of this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered. These charges will appear on your bank/credit card statement as Learning Coach LLC. You have the right to request a paper copy of this document.

### Client Agreement

*I authorize Learning Coach LLC to charge my credit card through Stripe. I also agree that my credit card can be charged the late/missed session fee of \$45 for any cancellation within 24 hours of the scheduled session, or any missed session not made up within 14 days.*

*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Learning Coach LLC in writing of any changes in my account information or termination of this authorization.*

*I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.*

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

Client name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal guardian name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Pediatric Intake Questionnaire

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

**Purpose of this form.** This form prompts for necessary information to begin evaluation and services. Learning Coach LLC focuses on outcomes related to learning, and this intake form refers to the person receiving treatment as "student."

## FAMILY INFORMATION

Student Name \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone number \_\_\_\_\_

Email address: \_\_\_\_\_

## OTHER AUTHORIZED GUARDIANS

Home address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone number \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

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

## **HOME**

Who lives in the same home as the student?

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How would you describe the student's relationship with parents?

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How would you describe the student's relationship with siblings?

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## **STRENGTHS**

What activities does the student enjoy?

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What subject matter does the student enjoy?

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What personality traits are student strengths?

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What locations does the student most enjoy?

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**REFERRAL INFORMATION**

Pediatrician Name: \_\_\_\_\_

Pediatrician Office Address: \_\_\_\_\_

Pediatrician Office Phone: \_\_\_\_\_

Who referred you for occupational therapy services with Learning Coach LLC?

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What is the primary reason for seeking support?

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Secondary reason? \_\_\_\_\_

Tertiary reason? \_\_\_\_\_

**SCHOOL**

Current School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's favorite part of the school day: \_\_\_\_\_

Student's second favorite part of the school day: \_\_\_\_\_

Student's least favorite part of the school day: \_\_\_\_\_

Other school-related information: \_\_\_\_\_

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What is your student's current enjoyment of reading? Circle one.

Dislikes      Somewhat dislikes      Neutral      Somewhat likes      Likes

What is your student's current enjoyment of math? Circle one.

Dislikes      Somewhat dislikes      Neutral      Somewhat likes      Likes

What is your student's current enjoyment of writing? Circle one.

Dislikes      Somewhat dislikes      Neutral      Somewhat likes      Likes

What is your student's current enjoyment of PE (Physical Education)? Circle one.

Dislikes      Somewhat dislikes      Neutral      Somewhat likes      Likes

What is your student's current enjoyment of music class? Circle one.

Dislikes      Somewhat dislikes      Neutral      Somewhat likes      Likes

What is your student's current enjoyment of recess? Circle one.

Dislikes      Somewhat dislikes      Neutral      Somewhat likes      Likes

What is your student's current enjoyment of lunchtime? Circle one.

Dislikes      Somewhat dislikes      Neutral      Somewhat likes      Likes

What is your student's current enjoyment of riding the bus? Circle one.

Dislikes    Somewhat dislikes    Neutral    Somewhat likes    Likes

What is your student's current enjoyment of socializing at school? Circle one.

Dislikes    Somewhat dislikes    Neutral    Somewhat likes    Likes

What other classes or parts of the school day would you like to comment on?

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Which supports (if any) does the student have at school? Check all that apply.

- IEP (Individualized Education Program) / ISP (Individualized Service Plan)
- 504 Plan (formal accommodations)
- BIP (Behavioral Intervention Plan)
- 1-on-1 paraeducator support
- Classroom (not 1-on-1) paraeducator support
- Other \_\_\_\_\_

Which related services (if any) does your student receive at school? Check all that apply.

- Occupational Therapy
- Speech Therapy

- Physical Therapy
- Vision Therapy
- Behavioral support
- Mental Health Counseling
- Other\_\_\_\_\_

**EMPLOYMENT-** Leave individual questions blank if not applicable

What household tasks is the student responsible for?

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How would you describe the student's participation during community errands?

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Which professions has the student shown an interest in?

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What volunteer roles has the student participated in?

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What paid employment has the student participated in?

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What other information would you like to share?

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**COMMUNITY**

What physical activities has the student shown interest in?

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What artistic activities has the student shown interest in?

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What social activities has the student shown interest in?

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What other activities has the student shown interest in?

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Which types of transportation does your student successfully use, such as to school, a neighbor's house, or a grocery store? Check all that apply.

- Walking with supervision
- Walking independently

- General education school bus
- Specialized transportation school bus
- Community bus with supervision
- Community bus independently
- Riding in a vehicle
- Driving with supervision
- Driving independently
- Bicycling with supervision
- Biking independently
- Other \_\_\_\_\_

Which community supports has your student received in the past year? Check all that apply.

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Vision Therapy
- Academic Tutoring
- ABA (Applied Behavior Analysis)
- Mental Health Counseling
- Department of Vocational Rehabilitation (DVR)



Other \_\_\_\_\_

**MISCELLANEOUS**

What other notes would you like to add to this intake form?

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