

Dear Patient/Legal Guardian/Conservator:

Welcome to the Chattanooga Autism Center! Enclosed you will find an information packet for your first appointment. We ask that you please complete **as much of the information as you can** and **bring it with you** to your scheduled appointment. You may fax or mail this information to us prior to your appointment if you wish. We **MUST** have this information for your first appointment.

The Legal Guardian of a minor is required to come for this initial appointment as our forms require your signature to authorize treatment by the Chattanooga Autism Center. In cases of **joint custody**, we recommend that all guardians attend the initial appointment so that all parties can be adequately represented.

For patients who are in **state custody**, the case manager (TN DCS or GA DFCS) is required to attend the first appointment. Note that you will need to bring someone to watch your child in the waiting room during this appointment so that you will be able to speak with privacy.

Please bring the results of vision and hearing screenings done prior to testing appointments.

We have enclosed our Clinic Policy and Procedure Information which briefly explains the types of services we provide and our expectations regarding appointments.

If you have any questions or concerns about your appointment, please contact us via phone or email.

We look forward to meeting you and working with you and your family!

Chattanooga Autism Center Staff

CLINIC POLICY AND PROCEDURE INFORMATION

What is the Chattanooga Autism Center?

The Chattanooga Autism Center is a 501(c)3 not-for-profit organization and a parent/advocate-driven Center providing lifespan support and services for people with autism spectrum disorders and for their families. The center also serves as an advocacy resource and builds awareness about autism in our region.

Types of Clinical Services Provided

The Chattanooga Autism Center currently provides:

- Outpatient psychotherapy to individuals on the Autism Spectrum and their families. This includes behavioral and cognitive-behavioral therapy aimed at helping the persons with Autism Spectrum Disorders function at their highest potential by learning skills that will enable them to be successful in current and future environments. We also provide supportive and educational services to families of persons with Autism Spectrum Disorders so that they can support and reinforce their family members using their newly learned skills. We also work with families to help them achieve balance and success in family functioning while providing the needed supports their loved one needs.
- Data-driven, evidence-based, individualized, one-to-one therapy utilizing the principles of Applied Behavior Analysis (ABA). All training and therapy are provided or supervised by a Board Certified Behavior Analyst (BCBA). Our therapists specialize in ABA, Discrete Trial Teaching, Natural Environment Teaching, Verbal Behavior, and small and large group direct instruction. We work on all areas of development based on the VB- MAPP and including academic, language, motor, behavior, adaptive skills, cognition, executive function, play skills and social skills. Staff is highly qualified with backgrounds ranging from early childhood, special education, mental health counseling, and psychology and all have a passion for helping children with autism as well as understanding and applying behavioral principles.
- Finally, we help our patients and their families find other helpful resources and community supports.

These services are typically covered by insurance although **you will have to check with your insurance company** about specific coverage. We can assist you with this if needed.

We reserve the right to refer individuals to another evaluation or treatment source if their referring conditions do not meet criterion for an autism spectrum or related developmental disorder. Examples of this include learning disabilities, legal/forensic issues (custody hearings), or mental illness (anxiety, depression, psychotic disorders) unless there is a suspicion of an autism spectrum or related developmental disorder. This may be determined during the initial phone interview or diagnostic intake. In these cases, you will be referred to an appropriate resource (school system, mental health center, or private therapist).

External Referrals

Chattanooga Autism Center's clinicians may refer individuals to other evaluation and treatment resources when specific presenting issues are outside expertise of our staff. These include but are not limited to:

Psychiatry – Mood or psychological disorders that would benefit from psycho-pharmacotherapy.

Audiology – Untreated hearing problems or fails hearing screen.

Optometry/Ophthalmology - Untreated vision problems or fails vision screen.

Nutrition/Dietary – Eating Disorder, malnourished, or obesity.

Neurology – seizures, head injuries, or dementia (sudden cognitive or memory loss).

Neuro-psychology – Extensive memory loss, dementia, and cognitive rehabilitation.

Genetics – Chromosomal analysis to help determine a specific genetic condition.

Payment Options

Families/patients will be responsible for paying for any service provided by the Chattanooga Autism Center that is not covered by insurance. Families/patients will be informed of any services not covered by insurance prior to the beginning of that service.

Patient Rights and Responsibilities

- All families and patients will be treated with dignity and respect and are responsible for treating providers with dignity and respect.
- Patients and their families are provided with equal treatment and equal access as required by State of Tennessee and the United States of America.
- Patients and their legal surrogate have the right to receive a written copy of any and all evaluations completed by the Chattanooga Autism Center.
- All records and information regarding patient served are confidential. Appropriately signed release forms are required before any information is released in any form.
- The grievance procedure is provided to each patient and his/her representative and posted in the center.
- Each patient has the right to be protected from neglect, physical abuse, verbal abuse and from all forms of exploitation.
- Each patient has the right to be assisted by the facility in the exercise of their civil rights.
- Language assistance, interpretation and translation services are provided free of charge and are available in the form of in-person interpreters, sign language or access to telephonic assistance (e.g. the ATT universal line).
- Patients are responsible for providing accurate information to providers.

Title VI, Section 1557 of the ACA, and Grievance Procedures

This procedure must be read or interpreted to any individual, parent/guardian, conservator, and/or any patient of legal age requesting services as needed or requested, prior to acceptance of the service, signed and witnessed that he/she is knowledgeable of the contents. In compliance with Title VI of the Civil Rights Act, no person on the basis of race, color, national origin, or handicapping condition, shall be excluded from participation in, denied benefits, or subjected to discrimination under any programs offered. Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities that receive Federal financial assistance or are administered by an Executive agency or any entity established under Title I of the ACA.

The Chattanooga Autism Center desires that each person utilize services to his/her greatest advantage. We will answer or refer you to someone who can answer your questions regarding the services offered or received. You have the right to continue receiving care without fear of inadequate treatment. If for any reason, you are not satisfied you may register your complaint through the following process:

Step 1: If you have a grievance with a staff member, you should speak with that person at the earliest opportunity to discuss your concern(s). If you are reluctant to speak directly to the

person providing the service, you should speak to that person's immediate supervisor. If the grievance is handled to your satisfaction, the grievance and resolution is documented on the *Grievance Form* and a copy is forwarded to the Program Director. If not, you may proceed to Step 2.

Step 2: All grievances must be registered IN WRITING with the appropriate program director. The program director will schedule a conference with the appropriate person(s) within 5 working days upon receipt of your written complaint. If you are satisfied with the results of the meeting, no further action is necessary. If not, you may proceed to Step 3.

Step 3: Submit a second request IN WRITING to the Executive Director. A hearing with the Executive Director and/or program director will be scheduled within five (5) working days upon receipt of your written complaint. This meeting will include staff and other parties as needed. If you are satisfied with the results of the meeting, no further action is necessary. If not, you may proceed to Step 4.

Step 4: Submit a third request IN WRITING to the President of the Board of Directors. The grievance must be submitted within five working days after the meeting with the Executive Director. The Board of Directors will notify you of a meeting date. The Board of Directors determines the final decision

Financial Policies

I authorize *Chattanooga Autism Center, Inc.* to release to my insurance company, managed care organization, state agency/agencies, Third Party Administration, Health Care Financing Administration, and/or Worker's Compensation or its agents any information needed to process my claim and/or determine benefits payable for related services.

I request that payment of Traveler's Railroad Retirement, Managed Care Organization, Third Party Administrators, Commercial Worker's Compensation, Liability, and/or any other insurance benefits be made on my behalf to *Chattanooga Autism Center, Inc.* for services furnished to me on my behalf by that provider.

I understand that I am financially responsible for deductible amounts, co-payments, co-insurance amounts, non-covered charges, and any and all balances not covered under a contractual write-off agreement between *Chattanooga Autism Center, Inc.* and my third party payer. My carrier's failure to pay does not release me from this responsibility.

I understand that *Chattanooga Autism Center, Inc.* participates and/or has contractual agreements with selected insurance plans/third party payers. I understand that unless otherwise restricted by a contractual agreement with such plans/third party payers, the entirety of the charges incurred will be transferred to the guarantor's responsibility if payment is not received from insurance within 60 days. I understand that I will be bound by any conditions of this agreement regarding guarantor/patient responsible charges. I understand that failure to meet my financial responsibilities in a timely manner may result in my account being turned over to a collection agency. I understand that I will be responsible for any collection, attorney, and/or court fees that may be involved in that process.

I understand that I am responsible for providing *Chattanooga Autism Center, Inc.* 48 (twenty-four) hours' notice for cancelled appointments. Same day appointment cancellations are subject to a charge that shall be billed directly to me, and payment of any missed appointment charge will be my sole responsibility.

For our patients who do not have insurance, you will be responsible for the full amount due. For unusual hardship, a sliding fee schedule may be available. Please contact the office manager to request information.

The adults accompanying a minor and the parents or guardians of the minor are responsible for payment according to the above guidelines. I understand that all patient responsible charges are due prior to services rendered.

Visitor Policy

The Chattanooga Autism Center is a working treatment facility that comes in contact with a variety of visitors. A visitor may be defined as a non-employee of the Chattanooga Autism Center, such as an outside therapist, case manager, intern, job candidate, or an individual/family seeking services through our clinic or resource center. This policy is in place to protect clients' confidentiality and make parents/legal guardians aware of future visitors that may come in contact with their child. All visitors are required to gain permission from a supervisor to observe any clients and to sign a confidentiality agreement that does not allow them to discuss clients outside of the CAC.

Declaration of Mental Health Treatment

A Declaration for Mental Health Treatment (DMHT) is a legal document that describes what a person wants to occur when receiving mental health treatment. It describes mental health services that a person might consider, the conditions under which a declaration may be acted upon, and to say how they want to be treated or not be treated when they lack capacity to make informed decisions about their mental health treatment. An individual may make a DMHT if she/he is 16 years old and has the capacity to make informed mental health treatment decisions. Additional information concerning the forms for Declaration for Mental Health Treatment may be obtained from your clinician or clinic director.

NOTICE OF PRIVACY PRACTICES

Effective August 16, 2012

Information about you and your family's health is personal. We are committed to protecting medical information about you. This Notice applies to all of the medical records we receive and maintain about you and/or your family member.

This notice describes how information may be used and disclosed and how you can get access to this information. Please read it carefully.

It also describes our obligations and your rights regarding the use and disclosure of medical information to the extent applicable.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you a copy of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is in effect

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Operations (as described in applicable regulations): We may use and disclose medical information about you for center operations. These uses and disclosures are necessary to run your course of treatment. For example, we may use medical information in connection with: conducting or arranging for medical review, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Disclosure to the State: Information may be disclosed to another health plan maintained by the State for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to State personnel solely for purposes of administering benefits under the plan.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- Right to Inspect and Copy.
- You have the right to inspect and copy medical information that may be used to make decisions about your benefits.
- To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to your therapist.
- If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the therapist. To request an amendment, your request must be made in writing and submitted to your therapist. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: is not part of the medical information kept by us, was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or

is accurate and complete.

- Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.
- To request this list or accounting of disclosures, you must submit your request in writing to your Treatment Center. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, paper or electronic).
- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. To request restrictions, you must make your request in writing to your therapist. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- To request confidential communications, you must make your request in writing to your therapist. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website. The Notice will contain on the first page, in the top right hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with The Chattanooga Autism Center or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

Emergencies

Patients who experience a mental health emergency after regular business hours, should call 423-260-1115 to speak to an on-call clinician or may go to their closest ER for services.

PARENT INVOLVEMENT

Gifts and Donations

The CAC will gratefully accept any items from home to be used for crafts, play and language activities, and supplies. Please make sure the donated items are complete and in good condition.

We gladly accept donations to our center, but cannot accept gifts given to specific therapists. Ethically, we are not able to accept gifts of this kind and we appreciate your understanding and compliance with this policy. (This does not apply to handmade cards- which we love to get from our clients!)

Conflicts of Interest

In order to protect the confidentiality of clients and their families as well as employees of the CAC we follow HIPAA guidelines, employees are not encouraged to interact with current or former clients. Such interaction includes personal relationships and email, as well as social media such as Facebook, Twitter, and Instagram.