



Therapy Clinic

Parent/Caregiver Handbook

www.highhopesforkids.org

301 High Hopes Ct.
Franklin, TN 37064

Phone: (615) 661-KIDS (5437)
Fax: (615) 277-2838

Welcome!

High Hopes Therapy Clinic welcomes you and your child! High Hopes therapists and staff are dedicated to providing exceptional therapy services in a fun and loving environment. This handbook was designed as a resource to provide parents and caregivers with useful information regarding our clinic and organization. It will outline what you can expect of High Hopes and what High Hopes expects of the families that attend the therapy programs. We appreciate the opportunity to participate in your child's development and look forward to working together with your family and celebrating accomplishments!

Our Mission

The mission of High Hopes Development Center is to equip children, youth, and their families with the skills necessary to achieve success through education, therapeutic services, and loving support.

Why is High Hopes a Non-Profit Organization?

High Hopes, Inc. is a 501c (3) tax exempt organization, IRS Section 170(b)(1)(A)(ii) and 509(a)(1) for both federal and state tax purposes. As a non-profit organization we can better balance the needs of children and families when making programming and business decisions. If you are interested in learning more about our fundraising programs, please contact our Development Office at (615) 550-1437.



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Our Pledge to You and Your Family

To children, we pledge that we will

- Provide loving and compassionate care
- Treat them with respect and dignity
- Let them make their own choices when possible
- Have parents and caregivers with them as long as it does not interfere with therapy
- Respect their privacy
- Communicate in words they understand
- Praise and encourage throughout every session

To families, we pledge that we will

- Work with them to schedule appointments at convenient times
- Keep appointments in a timely manner
- Attempt to reschedule missed appointments
- Understand family challenges and provide support as needed
- Answer all questions in understandable terminology
- Provide assurance that we will take excellent care of your child during therapy sessions
- Respect your privacy
- Respond promptly to communications (email/telephone)
- Work with insurance companies to encourage reimbursement of therapy services
- Employ only qualified and experienced therapists and adhere to or exceed all licensure and training requirements
- Encourage parent participation in therapy sessions
- Provide a Home Program to support the activities/skills addressed in therapy session

Non-Discrimination Policy

High Hopes provides therapy to patients of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to patients at the therapy clinic. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its therapeutic services, admissions policies, scholarship/financial assistance programs, and other therapy clinic administered programs.



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Notice of Privacy Practices

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

Get a list of those with whom we have shared information

- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.



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Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on Page 1.
- You can file a complaint with the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Ave. S.W., Washington, D.C. 20201, calling 1-877-969-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will never share your information for marketing or sale of information.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

Treatment

We can use your health information and share it with other professionals who are treating you.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?



We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in a response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the statutes and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice



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We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Contact Person

If you have any questions, requests, or complaints, please contact:

Kristin Garner, MPT
Director of Clinical Services
High Hopes, Inc.
301 High Hopes Ct.
Franklin, TN 37064

Effective Date: Effective date of this Notice is 1/1/2017



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Important Contact Information

Phone: (615) 661-5437 Fax: (615) 277-2838

Quick phone reference guide

Scheduling Questions/Requests.....	(615) 661-5437, Option 5 - 1
Appointment Cancellations.....	(615) 661-5437, Option 5 - 2
Scheduling New Therapy Evaluation.....	(615) 661-5437, Option 5 - 3 (615) 550-1451
Kristin Garner, MPT, Director of Clinical Services.....	(615) 550-1445
Anna Brinker, Office Manager	(615) 721-5575
Hilary Ehlers, Billing Manager	(615) 550-1441
Billing (HQ Management Services)	(248) 601-9207 Ext. 9931

Who to Call?

Established patient scheduling of an ongoing appointment or rescheduling of an existing appointment	Call (615) 661-5437 and select Option 5 then option 1.
Cancel an appointment	Call (615) 661-5437 and select Option 5 and then Option 2. Please refer to cancellation policy regarding guidelines on cancelling therapy sessions.
Schedule an evaluation for a new therapy service.	Contact our Intake Coordinator at (615) 661-5437, Option 5 and then Option 3 or call (615) 550-1451.
Update insurance or patient demographics (i.e. address or phone number)	Call the front desk with the new information ASAP (615) 661-5437, Option 5 and then Option 1. If you are updating insurance, make sure to bring the new card to your next therapy session so a copy can be placed on file. You may also upload a copy of your new insurance cards to the Patient Portal.
To speak with a therapist	Leave a message with the front desk at (615) 661-5437 and the therapist will return your call. Please remember that therapists may not work every day and will return calls around scheduled therapy sessions. Email is another method of initiating communication with therapists. A list of therapists' email addresses and links are provided on the High Hopes website.
With questions regarding a statement or billing in general	High Hopes contracts with HQ Management Services to bill for all therapy services. To reach our representative at HQ, call (248) 601-9207 Ext. 9931. HQMS can also be reached via email at PAS6@hqmsbilling.com . If you still have more questions, please feel free to contact High Hopes' billing manager, Hilary Ehlers at 615-550-1441.



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Clinic Hours of Operation

Monday	7:30am – 6:00pm
Tuesday	7:30am – 6:00pm
Wednesday	7:30am – 6:00pm
Thursday	7:30am – 6:00pm
Friday	7:30am – 6:00pm

The above are the hours that the clinic is open. Therapist hours may vary depending on their availability and specific schedule.

The Clinic will be closed in observance of some holidays and on staff training days. Notice of closing will be provided via social media reminder and signage in the clinic prior to the day of closure.

A calendar, including closures, is posted on our website: www.highhopesforkids.org.

Inclement Weather

If it is deemed unsafe for clients or staff to travel due to inclement weather, High Hopes may close or delay the opening of the clinic. Closing/delay information is communicated to parents in several ways:

1. An email - Please make sure that High Hopes has an accurate email address for your family.
2. High Hopes will post notifications on Facebook and other social media accounts

Non-Smoking Policy

Because of state health laws regulating smoking, as well as fire and safety consideration, smoking is not permitted on the High Hopes campus.

Insurance

High Hopes office staff and HQ Management Services (contracted billing agency) representatives are here to work with you regarding issues concerning insurance coverage for your child's treatment. It is primarily your (the parent/caregiver) responsibility to know your insurance benefits and provide information to our staff on policy requirements in a timely fashion, including any changes to your coverage. We will assist in this process, but we encourage you to be an educated consumer of health care insurance. We will call to verify benefits before initiating therapy but in most instances, the information provided by the insurance company is not a guarantee of coverage or payment. While we cannot assure you that your child's therapy will be a covered service, we pledge to work with you and the insurance company throughout the billing process. ***It is the responsibility of the parent/guardian to inform High Hopes Therapy Clinic of any and all changes in insurance information, including insurance carrier, ID number, group number, phone numbers and/or address as soon as possible. Failure to do so may result in total patient responsibility for charges incurred.*** To update your insurance information, please call the clinic front desk at (615) 661-5437 or upload your new insurance cards to the Patient Portal.



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Billing

For questions regarding your billing statement please call HQMS at (248) 601-9207 Ext. 9931. You can also email our assigned representative Annie at PAS6@hqmsbilling.com.

Please note that failure to make timely payments may result in removal from the therapy schedule or the account being sent to collections.

Billing Statements

We strongly encourage parents/caregivers to keep the following for your records. By reviewing and keeping these documents you will have up to date information regarding your child's account billing, insurance coverage, and account balance. Additionally, our contracted billing company, HQMS, is unable to print historical invoices over certain time ranges. By keeping the documents listed below, you can ensure that you have the most up to date information as well as records for personal use.

- **Account Statements:** statements are mailed out monthly by our contracted billing partners, HQMS, to the address we have on file. It is important that if there is a change in address, that you notify us immediately so that we can make the necessary updates. If you fail to receive a statement one month, please contact HQMS at (248) 650-8670 and they will correct the issue and provide you with the missed invoice.
- **Receipts:** When a payment is made in the clinic, a receipt should always be provided to you. By keeping these receipts you will have record of payment. This documentation may also be useful when filing for taxes or other purposes.
- **Insurance Explanation of Benefits (EOB):** When a claim is submitted for a therapy service your insurance provider(s) will provide an EOB to notify you of the claim. It will also provide information on the amount covered/paid by insurance, and what remaining balance has been assigned to patient responsibility. We update your child's account balance using these EOBs. If a service is not covered, the EOB you receive from the insurance will explain the reason for denial. Please note that if the claim is denied for a correctable reason (i.e. supporting documentation is needed, clarification on diagnosis code, requirement of a different billing code, etc.), our billing partners at HQMS correct and resubmit those claims and once processed you will receive an updated EOB from your insurance company. Other denial reasons that may include reaching maximum number of covered visits or a non-covered service is a good tracking resource for you to know when insurance coverage may expire, and sessions charges will be converted to self-pay.

EOBs may be sent to you in various ways, depending on insurance. Some insurances still mail these documents to the address they have on file for you. Others may send electronically or require you to access through a portal via a website or phone application. If you have a question regarding an EOB that you received, please reach out to HQMS at (248) 650-8670, Ext. 9931. You can also send any questions (and attachment, if applicable) via email at PAS6@HQMSbilling.com.

Photographs

Occasionally, photographs are taken for the purposes of fundraising, newsletters, and/or clinic decorations. Photographs will only be used if High Hopes has the written permission of the child's parent/guardian.



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Parent Communication

Communication between High Hopes staff and parents/caregivers is essential for a successful therapy program. High Hopes utilizes several methods of communication:

Patient Portal: Prior to your child's first therapy session you may have been asked to review and complete documents in the patient portal. The patient portal is where initial documents are completed, annual paperwork is assigned, patient demographic and insurance information can be updated, and where documents and reports will be sent to you for review by the therapists. **It is important to note that the password that you set up upon first signing into the portal will be required to access any information, including documents.**

If you are unable to access the patient portal, or have forgotten your password reach out to (615) 661-5437 to be reset or send an email to clinicinfo@highhopesforkids.org

Encrypted Email: If a High Hopes staff member needs to send you information outside of the patient portal, it will be emailed to you as an encrypted message. We do this to ensure that your child's private information is protected. When you receive an encrypted email you will be prompted to either enter a password that you have already set up, or receive a one-time access code that you will enter to view the information and any attached documents. Therapist and staff emails are listed on the High Hopes website for your convenience.

Phone: Often, we will contact you via phone regarding scheduling updates or to provide/receive information pertaining to your child's therapy session. Please ensure that your contact information is always current. Updates can be made via the patient portal or contacting our front desk at (615) 661-5437. Please note, we discourage our therapists from providing details about therapy sessions via *text* as it is not a HIPAA secured method of communication.

ProCare Connect: If your child is enrolled in the preschool or kindergarten at High Hopes, communication regarding therapy sessions completed during the school day will be communicated using ProCare Connect.

High Hopes Email Blasts: For information that needs to be dispersed to a wide audience, the High Hopes clinic will send emails out to all clinic parents/caregivers. Information included on these emails is not patient or therapy specific. Some topics that are included in these emails are clinic closing notifications, inclement weather actions, policy updates, etc. If you are not receiving these emails, please reach out to clinicinfo@highhopesforkids.org.

Parent Participation and Support

Parents/caregivers are a key member of a child's therapy team. In order for your child to achieve the maximum benefit from therapy services there must be carryover of therapeutic activities/skills incorporated in the sessions at home. Parents are invited to participate in therapy sessions. Siblings are welcome to attend a therapy session if they are not disruptive. Siblings must remain seated in the treatment areas and must be supervised at all times by a parent. If it is determined that a child participates better when a parent or sibling



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is not in the room, the parent can sit in the waiting room and the therapist will use the last 5-10 minutes of the session to update the parent and provide home program instruction.

Therapy for High Hopes School Students

High Hopes School students receive therapy during their school day if the parent wishes. Treatment sessions can take place in the classroom, on the playground, or in the clinic. The decision of the time and location of the therapy will be dependent on the child's needs and where and when they will get the most benefit from therapy. Decisions regarding therapy times and location, as well as goals and plan of care, are discussed and made as a team and reviewed at Individual Preschool Plan (IPP)/ Individual Kindergarten Plan (IKP) meetings. While IPP/IKP meetings are a "formal" communication tool utilized at High Hopes, more frequent "informal" communication is encouraged between therapists and parents. Therapists utilize the school's *ProCare Connect* program to communicate brief therapy updates after each session. Full therapy treatment notes are also completed after each session for the clinical chart. Clinical notes are available to parents/caregivers and can be requested at the front desk. Parents are welcomed and encouraged to attend therapy sessions (even if only once in a while) and we will make scheduling arrangements as necessary to accommodate parent schedules. The therapy staff will communicate with the preschool staff regarding suggestions for the classroom in order to enrich the developmental experience for each child.

If a student is going to be absent from school for any reason, parents should send a message via ProCare and the absence will be noted for BOTH the school and the clinic.

If the student is going to be absent for an extended time (vacation, surgery, etc.) please contact the clinic at least 1 week in advance to communicate missed sessions and return to therapy date.

Therapy staff try their best to rearrange schedules to minimize missed visits.

Patient Illness

Please call the clinic front desk (615) 661-5437 to cancel your therapy appointment as soon as you determine that your child is too ill for therapy. Children should not attend therapy if they have the following signs/symptoms of illness:

- Temperature greater than 100.4 degrees
 - Your child may return to therapy once they are fever free for 24 hours without medication
- Conjunctivitis "pink eye"
 - Your child may return 24 hours after treatment or with a doctor's note
- Vomiting (1 time)
 - You child may return 24 hours after last episode
- Diarrhea (2 times)
 - You child may return 24 hours after last episode
- Strep Throat
 - Your child may return 24 hours after initiation of medication
- Other contagious conditions diagnosed by physician



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Children frequently have colds, especially during the winter months, and it is not necessary to keep a child home with minor cold symptoms (runny nose, cough). We encourage you to contact the front desk prior to the appointment time if your child is experiencing any cold-like symptoms to discuss if cancellation or rescheduling may be needed.

Patient Cancellation/No Show Policy

For the High Hopes Therapy Clinic to best you, your child must consistently attend scheduled treatment sessions. We understand there may be situations that make it necessary for your child to miss a session, such as illness or medical appointments. Most other situations, such as transportation issues, cold/hot weather, or play date are not appropriate reasons for cancelling a scheduled treatment session. This policy is necessary to ensure (1) that children are fully benefitting from the therapy plan of care, and (2) that much desired therapy treatment spots are not wasted by repeated absences while another child remains on the waiting list. Please refer to the following explanation of our policy:

Approved Last- Minute Cancellation - Cancellation due to documented illness: vomiting, diarrhea, fever >100 degrees, unexplained rash, or other contagious medical condition. Please call as soon as you know that your child is too ill to attend therapy. A note from the physician may be requested with repeated cancellations for reason of illness. High Hopes scheduling staff will work with you to attempt to reschedule your appointment once your child is recovered.

Approved Advanced Cancellation - Cancellation due to medical appointment or family reason (ex. vacation). In order for a cancellation to be approved for a non-illness related reason it must be reported **7 days** prior to the scheduled appointment. High Hopes scheduling staff will work with you to attempt to reschedule your appointment.

Unapproved Cancellation - Cancellation reason other than illness or planned cancellation without 7-day prior notice. A child may forfeit their treatment spot and be placed on the waiting list for another available treatment spot if a child has.....

1. Two Unapproved Cancellations in a month (4-week time frame)
2. Two Unapproved Cancellations in a row
3. Unapproved Cancellations in 2 consecutive months

High Hopes' scheduling staff will work very hard to reschedule missed appointments as able.

No Show- If a child fails to show for a scheduled appointment and does not call to cancel, it is considered a "No Show". A child may be discharged from therapy after 2 documented No Show appointments.

High Hopes Therapist Cancellation

If for any reason one of our therapists needs to cancel or reschedule an appointment due to unforeseen circumstances (ex. illness), you will be notified as soon as possible via phone. Please make sure to keep your contact information up to date with the High Hopes staff. We will make every attempt to reschedule appointments cancelled by therapists at another time or with another therapist.



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Thank You.

We are pleased that you selected us to provide services for you and your child and look forward to working with you and your child.

