



Service Agreement and Informed Consent

Services

Elizabeth Lewis provides support services specifically designed to help your child, or otherwise will provide you with referrals to other professionals.

Elizabeth's services consist primarily of one-on-one and small group early intervention support based on goals established by caregivers and/or related professionals, such as educators, IEP specialists, behavioral therapists, educational therapists, occupational therapists, oral motor, speech & language therapists. Elizabeth's services may include, but are not limited to: in-home and in-school observation and support, on-site support at clinic, and consultations with individuals, parents, educators and other related professionals. In addition to early intervention services, Elizabeth provides facilitated, on-site social skill support through structured music classes and homework groups.

At times it may be helpful for Elizabeth to consult with other professionals involved in your child's treatment. A release of information form will be completed and signed by you prior to any consultation or discussion about your child.

Approach

Elizabeth's approach to early intervention support is patient and flexible and focuses on:

- Recognizing your child's strengths and building upon them
- Recognizing your child's challenges and finding creative new ways to overcome them
- Creating a productive learning environment through positive and playful interaction
- Building meaningful bonds, establishing trust, and being mindful of best practices

Appointments

Elizabeth currently sees clients Monday-Friday and on special circumstances may choose to see clients on Saturday-Sunday. Based upon the nature and location of this work, business hours will vary. Telephone calls may be difficult to answer during the day. Telephone messages can be left and will be returned as soon as possible. Email is the preferred way to reach Elizabeth Lewis for issues surrounding scheduling sessions or calls. Please note lengthy calls or emails beyond 15 minutes will be billed at the hourly rate.

Please note that due to the mobile nature of this work, Elizabeth cannot be responsible for being a few minutes late and will make an attempt to email, text or call you to notify you if there is a delay.

Clients are billed the hourly mobile rate (\$100) for any drive time over 30 minutes from the office location. The office is located at 1110 South El Camino Real, Suite #3 San Mateo, CA 94402.

Cancellations

Sessions require a 48-hour notice for cancellation. There is no charge for sudden illness, but ample notification should be provided in the event a child is ill. Cancellations can be made via email. If services are scheduled to take place in your home and other members of your home are ill, please notify us ASAP. You will be responsible for charges of sessions not cancelled within 48 hours.

Confidentiality, Records and Release of Information

All written records and information disclosed during sessions are kept confidential. I will not share any information provided without your written permission.

There are several exceptions to patient confidentiality. Under California State Law, some of the circumstances include court orders for information; suspicion of child, dependent or elder abuse and/or neglect and where a client poses a threat to the safety of self and/or property or others. If it is necessary to release information due to such circumstances, every effort will be made to first discuss the situation with you prior to the release of the information.

Safety

I will assure to the best of my ability that your child will be kept safe during our session. Due to the nature of working with children who face behavioral and social challenges, a child may be physically prompted (physically guided, safely escorted, etc.) in a safe and non-punitive manner or you may be directed to physically prompt your child. As part of a behavioral intervention protocol, physical prompting and calming locations for de-escalation may also be required. Elizabeth Lewis will not utilize physical restraint nor will assist you with physically restraining your child.

During the course of a session, young children oftentimes will seek physical contact in the form of hugs, high fives, playing out activities and scenarios with toys or sensory integration. All physical contact of this kind will be positive and safe.

Session Information and Rates

A 90-minute intake appointment will precede any ongoing one-on-one early intervention support. Intake appointments typically will include a meeting with caregivers and an observation of your child at home, school, or another mutually agreed upon location.

Please be prepared to provide payment for intake appointments at the end of the session. Following our first session, you will be billed at the end of each month.

Sessions that take place in the family home, school or community involve travel time at the billable rate of \$100/hour. This rate includes up to 30 minutes of travel time to our session, a 55-minute customized session and time for session documentation. Please note the hourly rate also includes all preparation work, materials developed for the purpose of providing customized support, and collaboration with other providers.

Time is available during the session for short discussion, questions or updates. If additional time is needed for lengthier discussion a separate session or phone consultation can be scheduled.

Early intervention sessions at clinic are billed at \$75/hour. The one-hour session involves a 55-minute, customized session in the clinic, and time for session documentation. Please note the hourly rate includes all preparation work, materials developed for the purpose of providing customized support, and collaboration with other providers.

Additional questions or discussion will be set up at another time and will be billable at the full hourly rate.

Termination

Ongoing early intervention sessions may be terminated for any reason with fair and reasonable notice. Should you decide to terminate ongoing sessions, please notify Elizabeth in writing *at least* 48 hours prior to your next scheduled appointment. Notice of termination given less than 48 hours prior to next scheduled appointment will be billed at the full hourly rate.

Payment

Payment can be made via check or cash on the date of service or paid via check and sent to the office located at 1110 South El Camino Real Suite #3 San Mateo, CA 94402. Elizabeth Lewis does not accept any other form of third party payment. A billing statement/invoice will be emailed by the first of each month for the prior month's services. All outstanding

payments are due by the 7th of the following month or subject to a \$50 dollar late charge fee. Checks should be made payable to: Elizabeth Lewis. Please note there is a \$25 dollar fee charged for all returned checks.

Insurance Reimbursement

Insurance reimbursement is not available for the services Elizabeth Lewis provides, as they are not clinical in nature.

Consent

Your signature(s) below indicates that you have read the information in this document and agree to be bound by its terms.

By signing this contract, I agree to the terms and conditions outlined above and authorize Elizabeth Lewis to provide services to my child. Furthermore, I agree to the financial responsibility for all services rendered per the terms described above.

_____ Child's name

_____ Child's Date of Birth

_____ Parent/Guardian Name

_____ Parent/Guardian Name

_____ Parent/Guardian Signature

_____ Parent/Guardian Signature

Date: _____

ALTERNATE MEANS OF COMMUNICATION CONSENT

Please check the appropriate box and initial to indicate that you have read and understand the following:

I _____ authorize Elizabeth Lewis to email, text or voicemail me regarding appointment times and/or to exchange information, as needed. By initialing this section you are aware of and authorize me to potentially send information that may be read or listened to by unauthorized persons, groups, companies or government agencies that Elizabeth Lewis does not control or may not know of reading or listening to such information shared via these modes of communication. Please note: by not authorizing these methods of communication we are left with traditional US mail to communicate information.

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

I _____ authorize Elizabeth Lewis to photograph or video my child for the purpose of creating materials that support my service, such as visual icons, social stories, etc. Elizabeth Lewis will only utilize photographs or videos for the purpose of better serving your child, and photographs and videos will be deleted after being utilized for the purpose discussed and intended. I understand that if I send a picture or video to Elizabeth Lewis for any purpose, she will utilize the material only for the purpose intended.