

Robyn Merkel-Walsh MA, CCC-SLP/COM ®

Licensed Speech Pathologist

Certified Orofacial Myologist ®

NJL#41S00305300

Oral Motor Institute, Board Chair

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OFFICE POLICIES (revised 1/1/20)

Please be advised of the following office information. Failure to comply with office policies can result in a loss of a weekly session or fees which will be notified in writing, with 30 days advanced notice.

1. Therapy Deposit: As of 9/1/18, all new patients who are securing a weekly session will need to submit a 280.00 (2 session) deposit to secure the spot. Floaters will require \$140.00. This will be refunded at the conclusion of therapy as long as proper notice (4 weeks) has been given and there is no balance due. It can also be applied to the final therapy sessions.
2. Payment: **Payment is due weekly.** Third party payment from insurance is not accepted. Payment is accepted in cash or check. School contracts will be honored; however, if schools do not pay in a timely fashion, services may be withheld, or the parents will be billed. You are given receipts. DUPLICATE COPIES and /or yearly statements are not available. Please copy your invoices before sending them to insurance. _ If you bounce a check, write the wrong date or amount a 30.00 fee will be charged at your next session.
3. Scheduling: EACH WEEK I SEND A REMINDER OF THERAPY APPOINTMENTS FOR THE FOLLOWING WEEK AND IT SHOULD BE CHECKED FOR ACCURACY. Scheduling is done in advance. I unfortunately cannot re-arrange times for social /sport calendars or extracurricular activities, once you have committed to a weekly slot. If there is a serious issue, such as school scheduling, or other therapies, please notify me and I will try my best to honor your requests. I ask that if you are flexible, please consider moving your time to accommodate other patients when necessitated. Remember by committing to a weekly appointment, that another child that cannot receive therapy in that slot. If you want to hold a weekly slot you must be committed to that time and day. Summer scheduling is always different from Sept-June due to camp, vacations and alternate school schedules. Summer scheduling is done in March. "Floaters" are patients who are on a wait list and /or do not need a weekly slot. All the office policies still apply, and floaters must attend session at least 1x every six weeks to be considered a floater.

4. Vacations and Holidays: I do not have the same schedule as a school, so please do not assume that just because your school is closed that your child does not have speech therapy. Makeups and alternative scheduling is available for most holidays and vacations. Any client taking a vacation for more than 2 consecutive weeks must pay to hold their slot or the slot will be forfeited. In addition, if you observe religious holidays, it is expected that sessions be made up, with scheduling planned with 2-3 weeks advance notice. Failure to notify the office of a vacation will result in strict enforcement of the cancellation policy. I will close for most major holidays, but not all federal holidays (ex. Columbus Day.) The office closes the week of Christmas and you will be notified of the exact dates. Make ups are not required for this week but can be arranged. If you are in doubt please ask me directly.
5. Email/Texting: Most clients know that I have a smart phone for business purposes; however please note that if it is a holiday, vacation or weekend, I may not answer your questions immediately. Your concerns will be addressed as soon as possible. *Texting is only for emergencies.* I prefer ALL COMMUNICATION REGARDING SCHEDULING IS **via email.**
6. Cancellations: **All cancellations are done via email robynslp95@aol.com UNLESS AN EMERGENCY/SAME DAY.**
 - NON EMERGENCY: 48 HOURS NOTICE: This includes vacations, pre –planned doctor’s appointments, family events, work obligations, parties, sports events, lack of baby sitter etc. This includes anything that is not designated by “emergency “(see below). **The session must be canceled with 48 hour notice.** If cancellations become excessive for non emergency purposes, then the client may lose his/her weekly slot in the therapy schedule. If the session is not canceled with 48 hours notice it will be billed at the full therapy rate and will not be made up. If your school pays for your sessions, this is not covered and the parent will have to pay the missed session fee. *Please be mindful that weekend hours start early in the morning, so I need to know a full 48 hours prior. Monday sessions require notice by the prior Friday.*
 - EMERGENCY: CANCEL BY 10AM: Emergency cancellations are due to illness, death in the family, or illness of a family member. These sessions must be canceled by 10am on the day of the therapy slot. If your child does not go to school, you should email me first thing in the morning to report the illness. It is understood that on some occasions children are sent home late in the day. If this happens on occasion beyond the family’s control, you will not be billed. If your school pays for your sessions, this is not covered and the parent will have to pay the missed session fee. Please do not bring your child with a fever, strep, unidentified rash, diarrhea, vomiting or any highly contagious illness. In general , if they are too sick for school they are too sick for therapy, but in some cases they may be OK for school but not yet ready for intra-oral therapy based on my policies.. Your child must be fever free for **48 hours**. Your child must be diarrhea and vomit free

for AT LEAST **72 hours** . *(If the stomach virus is circulating in the home, it is best to notify me and reschedule due to the highly contagious nature of this illness)*. If your child appears ill you will be billed for that session, and sent home from therapy. In addition, please notify the therapist of any live virus vaccinations received that day. Extra precautions are taken because I work inside of the mouth.

- **INCLEMENT WEATHER: CANCEL BY 10AM:** When a storm is expected, or the roads are dangerous the office usually closes. It is understood that some clients may live far away, and while the office may not be closed, you may choose to stay home with your child. In this case you must follow the procedure for EMERGENCY cancellations, and email by 10am that day if you think you would prefer not to travel, or you will be billed. This applies to snow, rain and thunderstorms.
 - **OVERALL ATTENDANCE:** Since I hold sessions for patients, you are essentially promising to fulfill that slot. I take careful attendance. If you exceed a cancellation rate 15% or greater you will receive a written warning notice that your slot is in jeopardy, especially if you do not schedule/attend makeup sessions within 60 days. This includes emergency, non-emergency and vacation cancellations.
7. **Reports:** Schools and insurance companies have become demanding with the information they require from my office and I must bill for my time accordingly. Remember that *it is the parents' responsibility to check your coverage BEFORE you start therapy*. Any extra paperwork above and beyond what is required (initial evaluation, chart notes, data sheets) will be billed accordingly. This may include lengthy progress reports, letters of medical necessity, re-evaluations and plans of care. The fee charged will be based on the current hourly rate and/or current evaluation fees. School contracts are subject to a 1x a year annual fee to cover yearly summaries, goals and objectives and 4 progress reports per year as mandated by the state of NJ. This will be billed directly to your school district.
 8. **Phone Calls and Review of Record Fees:** I am welcome to questions and concerns regarding your child. However, like any medical office, this is why we schedule appointments. If you have questions that require a lengthy discussion you will need to set up an appointment time, or a 30- minute phone consult at the fee of \$50. I will also respond to emails however, for lengthy questions, we will need to set up a conference session or call. This is also true of review of records. If you want me to review your child's IEP for example, this must be done in a treatment session or I will bill by the hour for record review.
 9. **Waiting Room /Bathroom:** The waiting room is a place for families to relax and socialize before, during and sometimes after an appointment. Please refrain from eating/drinking, excessive conversations on your cell phone and loud play with your children in the waiting area. The bathroom in the hallway is for all patients. Please do not flush sanitary

products in the toilet, and dispose of soiled diapers outside. In addition, please do not enter the clinician's *private office*. **Due to privacy issues, it is best that you arrive no more than 5 minutes before your child's session and exit as quickly as possible.** Please do not use objects to prop open the main door. I have free Wi-Fi, and can give you the password.

10. Lateness: It is very rare that I will be late for session. This is true because if clients are late they only receive therapy for the time slot they were assigned for. For example, if a client arrives at 3:45pm for a 3:30 session, we will still end at 4:15 etc. Please be on time for your session to assist in maximum progress gains. Also, to keep the office running smoothly *have your check ready before session, and be prepared to exit the therapy room on time*. I also ask that packing of therapy tools, disinfection of tools and so on should be conducted 5 minutes before the end of a session. This keeps the office on time.
11. Makeups: I offer makeup sessions, as it is in the child's best interest for overall progress. Makeup slots are offered for inclement weather, illness and pre-arranged vacations/holidays whether it is the therapist or patient needing to cancel the session. Makeup sessions are not offered when there is a violation of the cancellation policy. For example, if you are charged for a no show, I will not reschedule that visit. **Makeups must be scheduled for all holidays, vacations and cancellations.** Each client (who has a standing appointment) and the therapist, is entitled to 2 weeks' vacation a year without makeups. (If the client/therapist's vacations are the same week that shall count as one of the vacations for both). The office will be closed for the Christmas holidays with varying dates based upon when the holidays fall. This does not have to be rescheduled. All other sessions will be charted and if makeups are not completed this is considered a violation of policies. **PLEASE NOTE MAKE UPS MUST BE COMPLETED WITHIN 60 DAYS OF THE CANCELLATION OR IT WILL BE MARKED AS A VIOLATION. SCHOOL PAY SESSIONS WILL NOT BE MADE UP PAST 60 DAYS.**
12. Observations and Homework: Daily carryover is essential to your child's progress, it is therefore critical that parents and caregivers observe therapy sessions, and make every effort to work with the child at home. Activities learned in session should be practiced 3-4x weekly for 20 minutes. If carryover is not performed, the office cannot be held responsible for progress levels, or lack thereof. Babysitters and ABA therapists are welcome to sessions if they will be doing the speech homework; however a disclaimer may be required as only licensed speech pathologist can charge for therapeutic services. Activities learned in the office of Robyn Merkel-Walsh are not to be transferred to any other child the teacher/ABA therapist/caregiver may encounter.
13. Caregiver /Parent Responsibility: No child may be dropped off. A parent or caregiver **MUST** remain on premises for the entire session.
14. Parking: Only park in designated spots in the lot. Please do not block any cars or the driveway. Parking is also available on Bergen Blvd. and on Ridgefield Terrace.

15. Discontinuation of services: If you plan on discontinuing or reducing services for any reason, ***you must give this office 4 weeks notice or you will be billed for the missed sessions.*** For example, if your child is seen 2x a week and you need to reduce to 1x a week, I need 4 weeks' notice. If you are weekly and want to become a floater or decrease to 2x a month, I need 4 weeks' notice. Floaters must also give 4 weeks' notice. Your 2 week deposit will not be returned if you do not abide by this policy, without exceptions.

I understand that these are the office policies and agree to abide by them and pay any associated fees for missed sessions, no shows and/or discontinuation of services without proper notice as indicated in this office policy.

Signed: _____

Date: _____

Name of Patient(s): _____

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Licensed Speech Pathologist NJL#YS003053
Oral-Motor/Feeding/PROMPT
Myofunctional Therapy
Talk Tools® Instructor



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PRIVACY POLICIES AND DISCLOSURE FORMS

NAME OF CLIENT	
ADDRESS	
PHONE #S	
SCHOOL	
PEDIATRICIAN	

I _____ parent of _____ give Robyn Merkel Walsh , Speech Pathologist, permission to discuss my child's case with the following individuals via in person , email, or phone:

NAME	PHONE # / EMAIL

Signed _____

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE DISCLOSED AND HOW YOU MAY HAVE ACCESS TO YOUR "PROTECTED HEALTH INFORMATION" (PHI). PLEASE REVIEW THIS INFORMATION CAREFULLY, AND SIGN THIS FORM BELOW AFTER READING IT.

We care about our patients' rights and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practice. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes, or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish this task will be shared.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For Treatment

We may use medical information about you to provide you with medical treatment or services. Example: In treating for specific motor-speech, or language impairment, we may need medical diagnoses from neurologists or other physicians. This office may use your PHI in providing health care to you. We may use your PHI during office visits or when providing health care in a hospital setting. Under federal law, we may disclose your PHI to you or when we forward your medical information to that physician. We can also disclose your PHI for payment purposes (such as your insurance provider, employer, Medicare or other parties responsible for providing you with health insurance coverage) so that you may be reimbursed for your services. We may also use your PHI for health care operations (quality assurance and medical chart reviews). We may disclose your PHI when required by the secretary of the US Department of Health and Human Services.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company or school district for payment. Diagnostic and Procedure Codes are required for payment from insurance companies.

For Health Care Operations

We may use and disclose medical information about you to health care operations (including employees of Good Talking People LLC, speech pathologists, and medical professionals) to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies

- To avert a serious threat to public health or safety
 - In response to a legal proceeding
 - As required by the US Food and Drug Administration (FDA)
 - Other healthcare providers' treatment activities
 - Other covered entities' and providers' payment activities
 - Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
 - Uses and disclosures required by law
 - Uses and disclosures in domestic violence or neglect situations
 - Health oversight activities
 - Other public health activities
-

**Patient Acknowledgement of Notice of Privacy Practices
(as previously stated)**

Patient Name: _____

Date of Birth: ____/____/____

I have received and understand this practice's Notice of Privacy Practices written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice will provide me a revised Notice of Privacy Practices upon request.

(Signature)

(Relationship to patient)

_____/_____/_____ (Today's Date)