

PRACTICE POLICIES

Purpose

Radiant Moments Pediatric Therapy, PLLC is committed to providing high-quality, client-centered therapeutic services in a supportive and professional environment. The following policies ensure clear communication, mutual expectations, and a smooth therapeutic experience. Please read these policies carefully. **Your participation in services indicates agreement with the policies outlined below.**

Privacy & HIPAA Compliance

Radiant Moments Pediatric Therapy, PLLC follows all requirements of the Health Insurance Portability and Accountability Act (HIPAA) to protect your child's personal and health information.

Your child's information is confidential and used only for treatment, billing, and healthcare operations.

We will not share your child's information without your written consent, except when required by law (e.g., suspected abuse, threats of harm, legal orders).

You have the right to:

- See and request a copy of your child's records
- Ask us to correct incorrect information
- Ask how and where we share your information

You may request a **full copy of our HIPAA Privacy Policy** at any time. You may find this policy on our website, www.radiantmomentstherapy.com, under the Resources tab.

Radiant Moments is committed to protecting your child's privacy. This policy explains how we communicate with families and how **we keep Protected Health Information (PHI) secure**.

PHI includes any information that identifies your child and relates to their speech therapy services, including evaluations, treatment plans, progress notes, session notes, scheduling information, communications, photos, videos, and related documentation.

Scheduling and billing communications are typically administrative in nature. Radiant Moments Pediatric Therapy, PLLC uses **encrypted email as the primary method of communication**. Text messaging may be used only for limited, time-sensitive logistical purposes and will not include clinical information. While reasonable safeguards are used, standard text messaging carries inherent privacy risk.

Clinical information will only be shared through **HIPAA-secure methods**, including fax, encrypted email, secure patient portal, phone, in-person discussion, or Google Meet teleconferencing under our Google Workspace account.

Radiant Moments Pediatric Therapy, PLLC **safeguards PHI** by using encrypted systems, password-protected and encrypted devices, two-factor authentication, and remote-wipe capability if a device is lost. Only authorized providers involved in your child's care can access PHI.

Radiant Moments Pediatric Therapy, PLLC **limits the use of text messaging**. Texts may be used only for brief logistical communication (e.g., arrival updates) and will not include clinical information. Requests for clinical updates by text will be redirected to secure communication methods.

Radiant Moments Pediatric Therapy, PLLC may use technology tools to support documentation and administrative efficiency. **No Protected Health Information (PHI) is entered into public artificial intelligence platforms**. AI tools are not used to make clinical decisions or diagnoses. All clinical records remain within secure, HIPAA-compliant systems.

In the **unlikely event of a privacy breach** involving your child's Protected Health Information, Radiant Moments Pediatric Therapy, PLLC will follow all applicable federal and state laws regarding investigation and notification.

Radiant Moments Pediatric Therapy, PLLC follows the "minimum necessary" standard, meaning we access, use, and share only the information necessary to provide treatment, payment, or healthcare operations.

Authorization to Release Information

With your written consent, Radiant Moments Pediatric Therapy, PLLC may **coordinate care** by sharing or requesting clinically relevant information.

Information may be exchanged with:

- Pediatricians and other medical providers
- Other therapists (e.g., speech, occupational, physical therapy)
- School personnel (e.g., teachers, directors)
- Any other individual or organization you authorize

Information may include:

- Intake and discharge summaries
- Evaluations, treatment plans, progress notes, and session notes
- Current status, needs, and support strategies
- Photos or videos relevant to treatment
- Educational and medical records

Information may be shared using:

- Written communication (reports, summaries, secure email, fax, or electronic records)
- Verbal communication (phone calls, meetings, or consultations)
- Both written and verbal communication

I give permission for information to be shared through HIPAA-secure methods, including secure electronic communication and verbal consultation as authorized above.

I understand that once information is shared, it may no longer be protected if the person or organization receiving it is not required to follow these privacy laws.

I understand that I may revoke permission at any time in writing. Unless revoked sooner, consent expires one year from the signature date or sooner if required by law.

Illness Policy

To protect the health of your child, our therapists, and the families we serve, please cancel therapy sessions **by contacting your child's therapist directly** if your child exhibits any of the following symptoms:

- Fever (100°F or higher)
- Vomiting, nausea, or diarrhea
- Flu-like symptoms (chills, body aches, fatigue)
- Sore throat, strep throat, or persistent cough
- Loss of taste or smell
- Open or draining lesions
- Conjunctivitis (pink eye)
- Hand, foot, and mouth disease
- Lice
- Chickenpox or measles
- Impetigo
- Any other contagious illness, including COVID-19

If a therapist arrives and observes signs of illness, the session may be ended for safety reasons.

Participation in in-person therapy includes inherent risk of exposure to illness. Choosing to proceed with services indicates understanding and acceptance of this risk.

If a therapist is unable to attend due to illness, families will be notified and rescheduling will be attempted.

Ongoing illness-related concerns may result in a pause or termination of services.

Attendance Policy

Regular attendance and active participation are essential for progress in therapy. While we understand that illnesses and emergencies happen, we ask that you make every effort to keep scheduled appointments.

Cancellations

- Cancellations must be made by **7:30 AM on the day of the appointment**.
- Late cancellations (after 7:30 AM) incur a **\$50 fee**.
- Medicaid clients cannot be charged late cancellation fees.

- If **25% or more** of scheduled sessions are canceled within a 3-month period without being made up (attendance below 75%), services may be paused or discontinued.

No-Shows

- A no-show occurs when an appointment is missed without notice.
- No-shows incur a **\$75 fee**.
- Medicaid clients cannot be charged no-show fees.
- After **3 no-shows**, services may be discontinued.

Make-Up Sessions

- Make-up sessions may be offered when scheduling allows.
- Completed make-ups do not count against attendance.

Late Arrivals

- Sessions end at the scheduled time regardless of arrival time.
- If fewer than 10 minutes remain, the session may be canceled and billed as a no-show.
- Medicaid clients excluded from fees.

Teletherapy Services & Consent

Radiant Moments may offer therapy through **secure video sessions** when appropriate for your child's needs or when in-person sessions are not possible. Teletherapy helps maintain continuity of care during **illness, scheduling or transportation challenges, weather concerns, provider unavailability, or other temporary disruptions to in-person services**.

Teletherapy is conducted through **Google Meet** under our **HIPAA-secure Google Workspace** account. Sessions are encrypted and not recorded. Your therapist will participate from a private space, and we ask you to ensure privacy on your end as well.

Teletherapy may:

- **Maintain consistent services** when in-person sessions cannot occur
- Provide **flexibility** with scheduling and location
- Support **parent/caregiver involvement**

Possible limitations include technology issues, limited ability to observe certain skills, home distractions, and the need for caregiver assistance during sessions.

During teletherapy, you agree to:

- Provide a quiet, distraction-free space
- Use a reliable device and internet connection
- Assist your child as needed
- Avoid recording teletherapy sessions without prior written agreement

Termination of Services

Radiant Moments Pediatric Therapy, PLLC may end services at any time by providing **at least 2 weeks' notice**.

We may also discontinue therapy if:

- Attendance is poor (see attendance policy)
- Payments are not made on time
- There is a breakdown in communication, respect, or honesty
- Your child masters their therapy goals
- There is insufficient follow-through with home practice
- Disagreements about treatment cannot be resolved professionally

If services end:

- You'll be responsible for any unpaid sessions
 - We'll return your records upon request
 - We'll support your transition and provide referrals if needed
-

Payment & Billing Policies

Medicaid

- As a Medicaid recipient, your coverage will pay for services in full.
- It is your responsibility to ensure that your child's Medicaid coverage is active and up to date.
- If Medicaid coverage lapses (e.g., due to missed recertification, loss of eligibility, or other issues), therapy services will be paused immediately until coverage is reinstated.
- We will notify you if we receive a denial of coverage. If the issue is not resolved within 10 business days, we reserve the right to terminate services.
- To avoid interruptions, please check your Medicaid status regularly and respond promptly to renewal notices.

Insurance

- As a courtesy, Radiant Moments Pediatric Therapy, PLLC will verify benefits and submit claims to your insurance provider.
- We will document call reference numbers when verifying benefits, but you are ultimately responsible for verifying your own coverage.
- If a claim is denied or partially paid, as a courtesy, we will contact your insurance carrier for an explanation and will provide documentation as requested, but you are responsible for the unpaid balance.
- Services may be paused until billing issues are resolved.
- We do not get involved in insurance disputes or appeals.
- By signing, you authorize any holder of medical/insurance information about your child to release information to Radiant Moments Pediatric Therapy, PLLC to determine benefit eligibility and/or the benefits payable for speech therapy services.

ESA+ Grant

- As an ESA+ provider, we are able to offer various session lengths.
- You may work with your child's therapist to determine which session length would best meet your child's needs.
 - 30-minute session: \$100.00
 - 45-minute session: \$125.00
 - 60-minute session: \$150.00
- You will be provided with a monthly invoice that you will be asked to submit to ClassWallet.
- We also ask that you send confirmation of your invoice submission to ClassWallet.

Private Pay

If we are **out-of-network** with your insurance, we will not bill your insurance. You are responsible for full payment for all services provided.

If you would like to utilize your out-of-network benefits and receive a superbill (which is an out-of-network claim), you will be asked to pay the private pay rate of \$115.00 per therapy session and \$400 per evaluation. If you **DO NOT** wish to use your out-of-network benefits (or have exhausted your visit limit), you may choose to pay our prompt pay rate of \$90.00 per therapy session and \$250 per evaluation.

Fee Schedule (Effective 09/01/2025):

- Individual Therapy Session (private pay rate): \$115.00
- Individual Therapy Session (prompt pay rate): \$90.00
- Evaluation (private pay rate): \$400.00
- Evaluation (prompt pay rate): \$250.00
- Consultation (per hour, billed in 15-minute increments): \$150.00

Payment Expectations

Payment is due at the time of service or upon receipt of Explanation of Benefits. Accepted payment methods include cash, check, credit/debit card, and HSA/FSA.

Missed appointments follow the cancellation and no-show policy. Nonpayment may result in paused services or collections. Refunds are issued only for overpayments.

By providing a **card on file**, you authorize Radiant Moments Pediatric Therapy, PLLC to charge your card for any patient responsibility related to therapy services, including copays, coinsurance, deductibles, and private pay balances, after each session and/or after insurance has processed the claim (EOB). Invoices are available in your patient portal. This authorization applies to current and future therapy services under these policies, does not allow charges unrelated to therapy, and confirms you are an authorized card user who will not dispute valid charges.

Clinical Education Policy

Radiant Moments Pediatric Therapy, PLLC welcomes highly qualified graduate students as part of our commitment to clinical education and high-quality care. Their involvement helps us stay current in the field, enhances our skills, and offers additional support to the children and families we serve.

All student clinicians are carefully selected, have appropriate educational backgrounds, and are trained in patient privacy standards. We ensure they align with our mission and values.

If a student participates in your child's therapy, they and their supervisor will clearly introduce themselves and explain their roles before the session begins. Supervision will meet all applicable state, local, and national guidelines for graduate student involvement in speech and language therapy.

Consent for Evaluation & Treatment

I give permission for Radiant Moments Pediatric Therapy, PLLC to provide appropriate evaluation and therapy services to my child, following all state and federal laws. I understand that services will be provided by a licensed and qualified professional.

I know that I can refuse or stop services at any time by notifying Radiant Moments in writing.