

# PRACTICE POLICIES

## Introduction

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.**

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## 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 written consent except when required by law (e.g., suspected abuse, threats of harm, or legal orders).
- You have the right to:
  - Request access to your child's records
  - Request corrections to inaccurate information
  - Ask how and where information is shared

You may request a **full copy of our Notice of Privacy Practices** at any time.

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 identifying information about your child which can be found in evaluations reports, treatment plans, progress notes, session notes, and discharge summaries. This information is shared securely.

Scheduling, billing, and general questions **do not include PHI** and may be communicated by phone, standard email, and/or text message.

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.

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## Authorization to Release Information

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

- Intake and discharge summaries
- Evaluations, treatment plans, and progress notes
- Session notes
- Photos or videos relevant to treatment
- Educational records

Information is only shared through **HIPAA-secure methods**. 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. Consent may be revoked in writing at any time and otherwise expires one year from the signature date unless required sooner by law.

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## 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.

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## 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.

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## 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 sessions unless mutually agreed upon

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## Termination of Services

Radiant Moments Pediatric Therapy, PLLC may terminate services with at least two weeks' notice or immediately if:

- Attendance expectations are not met
- Payments are not made on time
- Professional communication breaks down
- Therapy goals are achieved
- There is insufficient follow-through with home practice
- Disagreements cannot be resolved professionally

Upon termination:

- Outstanding balances remain the family's responsibility
- Records will be provided upon request
- Referrals and transition support will be offered when appropriate

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## 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.

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## **Clinical Education Policy**

Radiant Moments may include supervised graduate student clinicians as part of its commitment to high-quality care and professional education. All students are properly trained, supervised, and compliant with privacy standards. Families are informed if a student participates in sessions.

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## **Consent for Evaluation & Treatment**

By participating in services, families consent to evaluation and therapy provided by licensed professionals. Services may be discontinued at any time with written notice.