



Embrace Therapeutic Educational Program, LLC

5501 Fortunes Ridge Dr. Suite H Durham, NC 27713

Director: Jennifer Vrieze, M.Ed, BCBA

We are excited to have your family as part of our community here at Embrace. Our goal is to provide comprehensive, high quality services from a team of professionals that span a range of disciplines including special education, speech and language pathology, psychology, and applied behavior analysis. Please keep in mind the following information about our services.

- 1) Communication: You will receive regular updates about your child's services and progress. Group emails may be sent weekly or monthly depending on the group. If we note significant changes in your child's behavior during a session, you will receive a direct email or phone call. If you have ANY questions or concerns about your child's experience at Embrace at any time, please contact us. We feel it is vital to have close communication with parents. We will schedule parent meetings each semester to review goals and data. Direct any questions or concerns about the program or schedule to your child's group leaders and Jenn Vrieze at embrace.autism.now@gmail.com. Any emails that contain information about your child can be sent to the secure account: director@embraceautismnow.com
- 2) Collaboration: One of our primary objectives is to help integrate the many sources of support your child receives from home, school, community activities, and medical and therapeutic professionals. We believe that repeated practice, generalization, and consistency are crucial aspects of skill development. In our groups, we can target skills that your child's teacher is seeing in the classroom, implement strategies from their OT and psychologist, and integrate speech goals into our group activities. Please inform us of other services your child may be receiving so we can collaborate accordingly.
- 3) Additional Services: We provide services that may be relevant or necessary to complement your initial services. These include:
 - 1:1 or paired ABA therapy
 - Social skills groups
 - Parent training
 - Attending IEP meetings, school observations, teacher training
 - Home school support, and full-time school
 - Therapeutic support in the home and community
 - Training other professionals (e.g. tutors, nannies)
 - Psychoeducational evaluations
 - Counseling for mental health concerns
 - Speech and language therapy
- 4) Staff: All of our instructors are board certified in behavior analysis or are registered behavior technicians. Many instructors have a background and certification in education.



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Welcome to Embrace. This document provides information about our business policies. Ethical and legal standards require that these policies be explained and agreed upon in writing before services begin. It contains information about the Health Insurance Portability and Accountability Act (HIPAA) – a federal law that provides privacy protections and patient rights regarding use and disclosure of your health information. It is very important that you read these policies carefully and ask for clarification when needed. After reading and agreeing to these policies, please sign and date them. You may revoke this agreement in writing at any time. We can discuss any questions or concerns you might have.

FEES: Payment is monthly prior to services, or as arranged (per semester or biweekly). We will provide an invoice. We accept cash, checks payable to Embrace and major credit cards.

One time, initial application fee for new students	\$50
Materials fee (per semester for groups)	\$50
Insurance processing fee (per semester)	\$50
Social Skills group	\$40/hr
Homeschool Group	\$32-\$45/hr
Full-time Educational program	\$27/hr
1:1 or Paired (2 children) ABA therapy/tutoring	\$45-\$85/hour
Assessment/treatment planning	\$125/hour
Missed tutoring session (fewer than 24 hours notice)	\$25
Missed group session (fewer than 30 days notice)	full rate, no reimbursement
Late pick up >10min (after one excused occurrence)	\$1 per minute
Payment with credit card	additional 3.2%
Other professional services per hour*	\$125
Returned Checks	\$30
Late payment fee (more than 30 days)	\$25

*Other professional services include frequent telephone calls and emails lasting longer than 10 minutes, preparation of records or additional treatment summaries, consulting with other professionals per your request, training, and team meetings.

INSURANCE: Please note that Embrace is an “out-of-network” provider for insurance carriers. If you choose to file insurance, we will help you prepare paperwork needed to submit to your insurance company. We recommend researching details about your ABA or ABT coverage. Some managed care plans require authorization before you begin treatment, and may not pay for sessions held before authorization. It is helpful to find out specifics about your coverage by asking questions such as: *Is there a deductible? How many visits are covered? What behavioral services are covered?*



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We will provide you with assistance in receiving the benefits to which you are entitled including invoices with codes and provider details; however, you are responsible for full payment of fees prior to services regardless of payment or nonpayment by the insurance company. Also, please note that you always have the right to pay for services without seeking insurance reimbursement.

CANCELLED APPOINTMENTS: Since continuity is important, we encourage you to make every effort to keep all appointments. If you are unable to make your appointment, please give at least 24 hours advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions or fees. Late cancellations will be charged the fee according to the schedule listed above. In case of emergency these fees may be waived. Missed sessions in the education program cannot be refunded even with 24-hour notice.

CONTACTING US: You can contact us by phone (919-213-9845) or by email at embraceautismnow@gmail.com or director@embraceautismnow.com for a secure account. We prefer to limit email correspondences to scheduling and administrative purposes and general updates about groups. We prefer that clinical issues be discussed in person rather than by phone.

OPERATIONAL POLICIES

Weather:

Embrace will make every reasonable attempt to open on time and remain open during inclement weather. As we are within the Durham school district, we listen to their decisions regarding delays and cancellations, however we may make a different decision. In the case of extremely dangerous weather conditions, road conditions or states of emergency, it may be necessary for Embrace to cancel classes or delay the opening time. The decision will be emailed to parents by 6:00am or at least three hours before afternoon groups. If groups are cancelled by Embrace, we will work with the families to reschedule the session. *We cannot provide refunds or discounts if families choose to stay home when the groups have not been cancelled or if families cannot attend the make-up session.*

Should parents be prevented by weather conditions from reaching the facility to pick up their children, staff members will care for the children and maintain proper staff-child ratio until such time as the parents can safely pick up their children. Should the building require emergency evacuation, parents will be contacted by telephone as to the location of the children.

Late Pick-up:

If you drop your child off more than 5 minutes before class or pick your child up more than 5 minutes after class has finished, you will be billed for extra care time at the rate of \$1 per minute. You will be billed and expected to pay by the next session that your child attends. It is important to us to recognize and respect the time and planning that the teachers have put into structuring and balancing the sessions to create smooth closings and transitions. If you would like to arrange for after class care in advance, the rate is \$15 per 30 minutes and must be requested and approved at least one week in advance. All families will be given "one free pass" per semester as we recognize that sometimes circumstances are outside of our control.



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Parents:

Please be mindful of the following expectations we have for parents of children in our program. If you have concerns about your child, their group, or the program, please contact the director. We take your feedback very seriously as it helps us to always be improving, or to solve any issues that arise. A repeated violation of the following expectations will require a meeting with a director and possible termination of services.

- Please bring your child on-time (not more than 10 minutes late)
- Please refrain from talking about other children in the program
- Please refrain from having a discussion about your or other children with staff in the waiting room
- Please refrain from asking staff clinical questions right before, during or after groups. Set up a time to talk with an instructor or a director through email.
- Please refrain from any judgmental or disrespectful behavior to others' families.

What to bring:

We do not have a dress code, however we ask that you help your child dress appropriately for the weather and the day's activities. We will spend time outside and they may get dirty. Please have a set of clothes left at Embrace. If your child is potty training or occasionally has potty accidents, please have two sets of clothes. You are responsible for providing diapers and wipes for your child if needed. All ages are welcome to bring one item from home (a lovey, blanket, or a toy), but we will work to keep this item in their backpack unless it is a sharing time. Older students are welcome to bring in a device from home. For the Saturday social group, they can use their own device or ours. Please share with the instructors any restrictions your family has and a password if you want an instructor to monitor login or purchases. For the education program, a student's device may be utilized for studies, but will be kept away otherwise until designated 'electronic break' times (12:45 and 2:45).

Food Policy:

Our clinic is not nut-free. If your child has severe allergies, we may not be able to accommodate them safely. We do have some students with nut allergies, so if your child brings food containing nuts, they may be asked to sit at a table away from certain peers. They will be directed to wash the table and chair where they sat and to clean their hands carefully. We ask that students bring healthy snacks and lunches with good nutrition to provide energy for their learning. Please make sure that your child's snack has protein. Ask us for help increasing the foods your child eats!

Behavior policy:

Students are asked and supported to be considerate friends and to express needs for breaks, space, help, and items functionally, without being disruptive to others. We build those functional and communication skills daily when there is no elevated situation. Rather than strict rules, we teach "expected behaviors", reflecting on what would be appropriate with a certain person in a certain situation, and appropriate touch/consent. Rules may develop within a group to meet specific clarity needs.

Staff is trained in CPI and we focus on de-escalation. If a person's safety is threatened, we may physically block or hold them with continued efforts to release and de-escalate the situation.



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Shadows, assistants, and observations:

Families can arrange to send a shadow or assistant to help with communication or particular needs. Embrace cannot provide assistants beyond the 1:3 ratio. If one-on-one attention is required, the agreement and billing will reflect that rather than group services. Parents, therapists, and other professionals are welcome to observe groups and sessions, but must sign confidentiality agreements and schedule a time to ensure minimal disruption.

Sick Policy:

If your child has any of the symptoms listed below, please keep them home. Also, please make sure that we know of any signs and symptoms that your child gives when he or she may be experiencing discomfort, so that we can be mindful. Many of our students have difficulty directly communicating when they feel ill. Also, please keep in mind that we do not provide refunds when children are sick.

- Diarrhea - 3 or more watery stools in a 24 hour period, especially if the child acts or looks ill.
- Vomiting - vomiting 2 or more times within the past 24 hours
- Rash - body rash, especially with fever or itching. Diaper rashes, heat rashes, and allergic reactions are not contagious.
- Appearance/Behavior - unusually tired, pale, lack of appetite, unusually confused or irritable. This is a sufficient reason to exclude a child from coming to school.
- Severe sore throat - especially with fever or swollen glands in the neck.
- Lice, Scabies - Children must not return to school until they are free of lice and nits (eggs). Children with scabies can be admitted after treatment.
- Fever - temperature of 100 degrees F (orally) or higher AND sore throat, rash, significant greenish nasal discharge, vomiting, diarrhea, earache, unusual irritability or confusion. Fever by itself is usually not sufficient
- Cough - Lasting more than one week, unless cleared by a physician.
- "Pinkeye" - Teary, redness of eyelid lining, irritation followed by swelling and yellow drainage.
- Greenish nasal discharge - lasting more than one week.

CONFIDENTIALITY: All sessions are confidential. The laws and standards of our profession require that we keep "Protected Health Information"(PHI) about your child in a Clinical Record. Your Clinical Record includes information such as your reasons for seeking our services, your diagnosis, the goals that we set for treatment, your progress towards those goals, your history, any past treatment records that we receive from other providers, notes from any case consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. In general, the law protects the privacy of all communications

between a client and a service provider. In most situations, we can only release information about your assessment or treatment to others with your written permission. Exceptions include



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professionals within our clinic (Spectrum Services and Sarah Young SLP) as well as any names and organizations you list on the “Release of Information” form. In addition, for the purpose of case consultation, some information about aspects of our work together may be shared with other professionals, however no identifying information will be revealed. The consultant is also legally bound to keep the information confidential.

FURTHER DISCLOSURES: Federal and state law do not require patient consent for the following disclosures:

- **Child abuse:** We must report to the local Department of Social Services information that leads us to reasonably suspect child abuse or neglect. We must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.
- **Adult abuse:** We must report to the local Department of Social Services information that leads us to reasonably suspect that a disabled adult is in need of protective services.
- **Judicial/Administrative Proceedings:** We must comply with an appropriately issued court order or subpoena requiring that we release your PHI.
- **Serious Threat to Health or Safety:** We may disclose your PHI to protect you or others from a serious threat of harm.
- **Worker’s Compensation:** Under certain circumstances, we may disclose your PHI in connection with a Worker’s Compensation claim that you have filed.
- **As Required by Law:** There may be instances where either federal or state law requires that we release your PHI.

PATIENT RIGHTS:

- You have a right to request restrictions on certain uses and disclosures of PHI; however, federal law does not require that we comply with all requests. You can request and receive confidential communications of PHI by specified means and at alternative locations.
- You may inspect or obtain a copy of PHI in certain circumstances when requested in writing. If we deny you that right, you may have this decision reviewed. We will answer your questions concerning the details of the reviewing process. If you do receive a copy of your PHI, because these are professional records, they can be misinterpreted to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.
- You may request an amendment of PHI so long as we maintain that PHI in our records. Federal law does not require us to agree to each such request. We will answer your questions about the amendment process.
- You have a right to receive an accounting of most disclosures of PHI for which you have not provided consent. We will answer your questions concerning the accounting process.
- You have a right to obtain a paper copy of this notice from us upon request.

QUESTIONS: If you have questions about this notice, disagree with a decision we make about access to your PHI or have other concerns, please contact us.

SIGNATURES

Please retain a copy of this signed page for your records.

Payment:

I have read the information contained in this document and agree to abide by its terms during our professional relationship. I understand that I am responsible for payment of fees associated with services rendered. If my payment is more than 60 days late, there will be an added \$25 late fee, 3.5% of the payment to cover the manual entrance fee, and my child will not be able to receive services until the payment has been made. I also understand that a two-week deposit is required per semester for groups. A written 30-day notice of withdraw is required as well as payment during this period regardless of attendance. The deposit will be used to cover the balance of these 30 days, and any remaining deposit will be returned. We understand that family circumstances change, however we consider your deposit to be a commitment to a full semester. Deposits are applied to the final month's tuition.

Client's Name: _____

Signature (Parent if minor): _____

Date: _____

Receipt of handbook and policies:

I have received the handbook, read and agreed to the terms of the weather, late pick-up, mindful parent conduct, food, behavior, observation and sick policies.

I have read through, understand, and agree to the confidentiality, HIPPA disclosures, and patient rights.

Client's Name: _____

Signature (Parent if minor): _____

Date: _____