**CHILD CLIENT DATA SHEET**

**Child Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Non-binary Race: African American African Asian Native American Caucasian

Female Multiracial Hispanic  Pacific Islander Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this child involved with Child Development Services (CDS) Yes \_\_\_ No \_\_\_

**Parent 1/Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent 2/Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a court ordered custody? Yes \_\_\_ No \_\_\_ If yes, who is the guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I understand and agree to the following:

* I authorize the release of medical information concerning my child’s treatment and/or care for the purpose of processing

insurance claims. I further authorize payment of insurance benefits directly to Northeast Hearing and Speech. I understand that there is no guarantee that my health insurance plan or policy will pay for all or part of my care and that I am financially responsible for all charges not covered by my insurance company or Child Development Services.

* I have reviewed the NHS Notice of Privacy Practices (HIPAA). I understand I may request a copy of these.
* I understand written reports may be released to professionals involved in my child’s ongoing care.
* I have reviewed and agree to the center’s policies related to treatment and evaluation.
* I give permission for email and text communication to be used to contact me.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(completed by)

NHS Treatment and Evaluation Policies

As a client of NHS, you are responsible for providing NHS with accurate and current information necessary for billing for services to insurance, MaineCare, Child Development Services, etc. Referrals from your Primary

Care Physician (PCP) may be required and may limit the number of therapy or evaluation services your child receives.

At NHS we do our very best to verify that your insurance is active/current. However, you are ultimately

responsible for payment for services and/or durable medical equipment not covered by your insurance such as deductible, coinsurance, non-covered services, and hearing aid costs over the insurance carrier’s maximum allowable amount.

Services written in a child’s Individualized Education Plan (IEP) provided through Child Development Services (CDS) are provided at no cost to families.

For children seen in our clinic, NHS strongly encourages parents to participate in therapy and evaluation sessions with their children whenever possible. Parents of children under the age of 18 may not leave the building at any time during their child’s session.

NHS provides ongoing educational opportunities for volunteers and students who may observe your child’s evaluation or treatment. Students and volunteers are responsible for maintaining confidentiality. If you do not want to allow a student/volunteer to observe your child’s treatment/evaluation, please contact NHS at 207-874-1065.

NHS may take photographs or video recording of treatment or evaluation for the purpose of community and

staff education. You will be asked for permission if they are to be used in any other way (e.g., brochure,

waiting room display, and/or web page posting).

With regards to treatment, NHS believes consistent attendance is necessary for progress in treatment. NHS will

not allow more than three absences from therapy. If a child is seen in our clinic, parents are expected to

contact NHS at 207-874-1065 if their child will be absent from therapy.

Regarding treatment, if your child has a plan written with Child Development Services, we will provide the services authorized on the IEP/IFSP to the best of our ability. Most IEP plans run based on an academic school year and services will not be provided during school breaks unless your child is accessing non-CDS services. IFSP services run throughout the calendar year until the child reaches the age of 3.

NHS has established discharge policies related to treatment (e.g., progress, absences, parent request, etc.). A copy of these policies may be obtained by request.