



Clinic Supplemental Information

Welcome to Tier 3 Montessori's Summer Social Skills Clinic Program

We are pleased to have you join us. The mission of Tier 3 Montessori is to create a positive difference and significantly improve the quality of life of children with autism spectrum disorders and other developmental delays, by providing effective and accessible therapy, based on your child's individual needs. Our commitment is to establish a cooperative partnership through trust, respect, and communication with your family.

We ensure that we are a highly inclusive, compassionate, culturally sensitive, culturally respectful, and culturally competent organization.

We will make every effort to ensure you are always treated with respect and dignity, in consideration of the following (but not limited to): racial, ethnic, or cultural customs, practices, and beliefs; sexual orientation; gender, gender identity, and gender expression; disability, and community differences.

Further, Tier 3 Montessori will take reasonable steps to ensure that those with Limited English Proficiency (LEP) have meaningful access and equal opportunity to participate in our services, activities, and programs.

We are excited about your child's participation in our therapeutic clinic program. Throughout this summer program, we plan to have and develop some very useful and critical social skills.

The schedule for sessions will include the following:

- Arrival and transition activity
- Group circle activity
- Rotations in the art room, playroom, kitchen, and outdoor areas - each one with different items and activities.
- Tabletop game rotation
- Gross motor activities
- Group Snack, and lunch if staying all day
- Cooperative activities
- Music activities
- Art activities
- Personal hygiene – bathroom breaks and washing hands.

Interactions in each of these activities will appeal to a broad variety of interests, motivation, and create tons of opportunities to expand skills and practice new ones with a high level of built-in reinforcement to foster that intrinsic motivation we aim for in Montessori. Rotation of environment, toys, and creative facilitation helps to keep things fresh through each rotation, inspire and encourage motivation in areas outside of your child's special interests, and generalize skills to new people, situations, and environments.

Thank you!

Drop off and Pick up Policy for the Clinic

It is the policy and preferred practice of Tier 3 Montessori for a Parent / guardian or authorized individual be identified as authorized when escorting a minor client entering or exiting the clinic or other medical treatment facility. Parent / guardian or authorized individuals are required to use the appropriate sign-in/sign-out sheet while visiting the clinic as we are registered as a healthcare provider treatment facility.

In the event that a minor client is allowed to be dropped-off or picked-up without the supervision of a Parent / guardian or authorized individual, Tier 3 Montessori requires proper written authorization from the Parent / guardian of the minor client. If proper written authorization is not on file with the clinic, the minor client will not be permitted to access the facility. Likewise, if a Parent / guardian or other individual is not listed as authorized with the clinic or medical treatment facility, the minor child will not be released.

Emergency Pick-up Policy

Parents should always be ready to pick up their child from the clinic within a 30-60 minute notice at all times, in the event of an unexpected emergency such as client request, illness, or emergency closure. Parents should have also identified alternate emergency contacts that may pick up the child in the event of an emergency if the parents are unable to be reached. A therapist will always remain with a client until a parent or emergency contact arrives to pick up the child. If an alternate contact person is going to pick up the child, staff should check the ID of the alternate contact before releasing the child to their care. Families who cannot accommodate this policy will be dismissed from the program to protect their child's safety.

Social Skills Summer Camps

- Please note: These rates are for small social skills group of 3 children to 1 trained adult. Children requiring more support, including 1:1 support will be invited to pay for their 1:1 aide at their hourly rate of \$25. or to be dismissed.

Half-days 9-12 or 12-3: \$45/hour

or Monday-Friday: \$300/week

Full-days 9-3: \$45/hour

or Monday-Friday \$450/week

Payment Links and Financial Agreement

Payment Schedule:

All intake and registration fees due by Friday May 24th - \$45. Non-refundable for registration and placement. ALL fees are due by Friday of the week before. Payment is accepted in advance and we will send email reminders each week through Zelle.

PayPal - https://paypal.me/tier3montessori?country.x=US&locale.x=en_US

Venmo -

https://venmo.com/code?user_id=3271642381811712196&created=1656891202.375526&printed=1

	Payment due by Friday:	If attending:
Week 1	May 24 th	June 3-7
Week 2	May 31 st	June 10-14
Week 3	June 7 th	June 17-21
Week 4	June 14 th	June 24-28
	● No camps July 1-5	

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304 East Main Street, Round Rock, Texas 78664

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HIPAA PRIVACY PRACTICE

Tier 3 Montessori, PLLC understands that Protected Health Information (PHI) about you is personal, and we are committed to protecting your information. We create a record of the services that you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose your information. We also describe your rights and certain obligations we have regarding the use and disclosures of information. If you have questions about this policy or your rights, don't hesitate to ask

We will, to the best of our ability, work to mitigate the negative effects of any disclosures we make.

We are required by law to:

- Make sure that Protected Health Information that identifies you is kept private
- Give you this notice of my legal duties and privacy practices with respect to information about you
- Follow the terms of the notice that is currently in effect

How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we use and disclose information.

Treatment

We may use your PHI to provide you with applied behavior analysis services. Treatment information about you may be used to conduct an assessment, develop an effective treatment plan, and to enhance all services rendered. We may disclose this information to clinical consultants for the purposes of coordinating your treatment.

We may ask you for authorization to disclose information about you to people involved in your treatment, such as medical professionals, family members, educators, or others. However, information would be disclosed only with your authorization and only for the purposes that you authorized.

Payment

We may use and disclose PHI about you so that the treatment and services that you receive from us may be billed and collected from you, an insurance company, or a third party. For example, we may need to give your PHI about treatment you received so your health plan can pay us or reimburse you for treatment.

Treatment Options

We may use and disclose PHI to tell you about recommended possible treatment options or alternatives that may be of interest to you.

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As Required by Law

We will disclose PHI about you when required to do so by federal, state, or local law.

To Avoid a Serious Threat to Health and Safety

We may use your PHI when necessary to prevent a serious threat to you or another person. Any disclosure would only be to someone able to prevent the threat.

Public Health Risks

We may disclose your PHI for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report child abuse or neglect
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if I believe a client has been the victim of abuse, neglect, or domestic violence. I will only make this disclosure if you agree or when required by law

Your Rights Regarding Your Protected Health Information

Right to Inspect and Copy

You have the right to inspect and copy PHI that may be used to make decisions about your treatment. This includes billing and case records but does not include personal notes. To inspect and copy PHI, you must submit your request in writing. If you request a copy of the information, we may charge a fee for costs incurred for copying, mailing, or other supplies associated with your request.

Right to an Accounting of Disclosures

You have the right to an “accounting of disclosures.” This is a list of the disclosures we make of PHI about you. To request this list, you must submit your request in writing. The time period of your request may not be longer than 7 years. Your request should indicate in what form you want the list (electronic or paper copy).

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use about you for treatment or payment. We are not required to agree to your request. If we do agree, we will comply with your request unless information is needed to provide you with emergency services. To request restrictions, you must make your request in writing. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply.

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Right to Request Confidential Communications

You have the right to request that we communicate with you about treatment matters in a certain way or at a certain location. For example, you can ask that we contact you at work or by mail. To request confidential communication, you must make your request in writing. We will not ask the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Other Uses of PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply will be made only with your written permission. If you provide us with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand we are unable to take back any disclosures that may have already been made with your permission, and that we are required to retain records of the treatment that has been provided to you.

Questions and Complaints

If you have any questions, complaints, or wish for a copy of this policy, you may contact your clinician for further information. You may also contact the Behavior Analyst Certification Board if you believe your practitioner has violated your privacy rights. You will not be retaliated against for filing a complaint.

Changes in Policy

Your clinician reserves the right to change the Privacy Policy based on the needs of the practice and changes in state and federal law.

By my signature below, I _____ acknowledge that I received a copy of this Notice of HIPAA Privacy Practices for Tier 3 Montessori, PLLC.

Signature of client (or personal representative)

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

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For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of HIPAA Privacy Practices, but acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other

SOCIAL SKILLS SERVICE AGREEMENT

Client Name: _____ DOB: _____

CONSENT

I hereby certify that I am the parent/legal guardian of the above-named client. I consent for the above-named client to receive therapeutic social skills services provided by Tier 3 Montessori, PLLC and its employees. Therapeutic social skills services may include, but are not limited to, observation, assessment interviews (such as the intake form) and social skills groups.

If my child requires a higher level of support resulting in the assistance of a 1:1 aide at any time, the rate increases to cover that cost of to be paid in increments of 15 minutes.

I understand that I may withdraw this consent at any time by clearly stating a refusal of care or writing to Tier 3 Montessori to revoke this Consent.

CONSENT FOR USE OF PHI (Private Health Information) AND RELEASE OF INFORMATION

I consent to the use and disclosure of Protected Health Information for treatment, payment, or health care operations. I authorize the Tier 3 Montessori to disclose and release all or part of the client's record to any person or corporation that is or may be responsible for all or part of the charges.

FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF INSURANCE BENEFITS

The Tier 3 Montessori Social Summer camps is a private pay service and not a part of our insurance funded programs. Tier 3 Montessori is not responsible for the accuracy of the information received from your insurance company.

INVOICES AND PAYMENTS

Payment is due at the beginning of each week to ensure your child's placement in each social skills session, and may be paid in advance. Tier 3 Montessori will render invoices to the Parent/Guardian every week for the services registered for if payment has not been made or your child's place will be lost to the next person waiting. The invoices are payable upon receipt and are considered overdue if not paid by the due date, which is the Friday of following week. This allows time for us to contact the next family waiting.

LATE PAYMENT

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Any invoices that are not paid by the due date shall incur a cancellation of the child's registration that week to allow for another child to attend. Tier 3 Montessori will suspend services if payment is delinquent. Tier 3 Montessori does not guarantee that your child's schedule will be reserved.

ASSESSMENT

All sessions are overseen by a licensed Board Certified Behavior Analyst (BCBA) who will ensure your child's safety and achievement in the program, and will conduct a behavioral assessment to develop and adjust the program, if needed.

Social Skills Services

Services will be rendered by a BCBA, and/or by one or more behavior technicians under the direction of a supervising BCBA. We prioritize client safety first and operate using the science and principles of applied behavior analysis; concepts of safety, building rapport, and televisibility, within the framework of Montessori education. We follow the child's lead, and create a "yes" space to build upon your child's motivations to prevent any concerning behaviors, as well as empower them in their strengths.

THERAPIST ASSIGNMENT

Tier 3 Montessori will make every effort to meet the scheduling requests of our clients and maintain the consistency of the therapists assigned. However, we reserve the right to change therapists and therapy schedules as needed from time to time.

NON-SOLICITATION

I agree not to solicit any services directly from any employee or contractor of Tier 3 Montessori, as it is a violation of our ethical code and we cannot guarantee the quality of services outside of our licensed supervision.

CONFIDENTIALITY

I understand it is inappropriate for the Client, or members of the Client's family, to discuss any other participant in the program, or issues of a personal nature which do not relate to the Client's program with any Tier 3 Montessori staff members. Employees of Tier 3 Montessori will not engage in conversations which are outside of the scope of the child's program as this may lead to a dual relationship or one that conflicts with providing professional and excellent treatment to your client.

TERMINATION OF SERVICES

Either party can terminate this AGREEMENT upon giving written notice in advance. Services may be terminated for the following reasons:

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- ☐ Failure to make payment
- ☐ Racially discriminative, abusive, or inappropriate behaviors/language toward our employees
- ☐ Failure to provide a safe and effective learning environment.

HOLD HARMLESS AND ACKNOWLEDGEMENT THAT THERE IS NO GUARANTEE OF ANY PARTICULAR OUTCOME

Tier 3 Montessori provides the services with good faith and makes no guarantee of any outcome. I acknowledge and agree to hold harmless Tier 3 Montessori, the agents and employees of Tier 3 Montessori, and any owner, affiliate, successor or assignee of Tier 3 Montessori from and against any claim relating to or arising out of any particular outcome or failure of any outcome with respect to the services provided. I agree to release Tier 3 Montessori from any claim related to the quality, sufficiency, effectiveness, efficacy, and/or outcome of any service provided by Tier 3 Montessori under this Agreement.

ACKNOWLEDGEMENT

This agreement will remain in effect until termination of services and/or all outstanding claims have been settled.

- ☐ ☒ I acknowledge that I have received a copy of the "Notice of Privacy Practices".
- ☐ ☒ I certify that I have read the above information and that I have the legal authority to consent to treatment, and the release of information, and all legal issues involving the above-named client. Upon request, the undersigned will provide Tier 3 Montessori with proper legal documentation to support this claim.

Parent/Guardian Name: _____

Signature

_____ Date: _____

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Tier 3 Facility Health Policy

Accidents

In the case of minor accidents on site, there are a total of 2 First aid kits and all employees are required to have up to date CPR training. Any non-emergency accidents will be documented on an incident report, including the date, time, place, and cause of any injury (if known); any treatment provided; name(s) of employees providing treatment, and persons contacted. The child's Parent / guardian will be contacted and presented with the incident report to review and sign. One copy will remain on site in the child's file, while the other will be given to the Parent / guardian.

Allergies

If your child has allergies, please discuss them in detail with the Supervisor or Director of Clinical Services during the intake process. All food allergies are to be documented, including effects and treatment, and signed by both the Parent / guardian and the child's doctor. This information must remain in the child's file, as well as in the food preparation area, and be updated annually. The employees of the clinic will take appropriate precautions based on information provided by the client. If at any time your child develops an allergy, please let us know immediately.

Medications

Tier 3 Montessori does not administer or keep prescription medications of any kind on premises. If your child needs any medication during the session, a Parent / guardian or nurse must administer it.

Wellness Policy

To minimize the spread of illness, if the child displays one or more of the following symptoms, they are required to inform the employees immediately to reschedule their therapy session **(24-hour cancellation fees do not apply.)**

- Vomiting/diarrhea
- Temperature greater than 100 degrees
- Respiratory problems - severe coughing, rapid breathing, croup, or whooping sound after coughing
- Thick, discolored discharge from nose
- Rash or infection of the skin (e.g., ringworm, poison ivy)
- Evidence of lice, including nits
- Communicable diseases - conjunctivitis (pink eye), influenza, measles, chicken pox, strep throat, etc.

The client must be free of infection and other symptoms, without the aid of medication, for 24 hours before resuming program sessions. Sessions may resume when the incubation and contagious period have passed, and the client is well enough to resume normal activities. If the client becomes ill during a session, the session will be immediately cancelled. Parent / guardian agrees to notify the Front Office, Supervisor, or Director of Clinical Services within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation.

We follow the guidelines developed by the *American Academy of Pediatrics* and the *American Public Health Association*. Parent / guardians who repeatedly fail to follow policies related to keeping children at home when they are ill may lead to dismissal from the program.

Infectious Diseases

When a communicable disease has been introduced into the clinic, Parent / guardian will be notified. The clinic also will report these occurrences to the state and local health departments when required. Parent / guardians are urged to

notify the clinic when their child is known to have been exposed to a communicable disease outside the clinic.

The Supervisor or Director of Clinical Services may determine that a child who does not appear to be fully recovered from an illness cannot be readmitted to the clinic without a statement from a physician stating that the child can return and participate in the activities of the clinic or is no longer infectious.

Many of our clients and families are immune compromised. **We reserve the right to refuse care due to illness.**

In the case of impetigo, lice, ringworm, pinworms, rashes, chicken pox, thrush, etc., your child must be NON-CONTAGIOUS before returning to the clinic.

Covid/Strep/Flu

In the event of a pandemic or outbreak within the school or local area, Tier 3 Montessori may close for an undetermined amount of time to ensure prevention of further spread of disease. We will follow any requirements issued by the Department of the Public Health. Please keep your children home if they are sick to prevent the further spread.

Injurious Behavior

If at any time a child engages in injurious behavior to employees, his/herself, or other children, the Supervisor or Director of Clinical Services is notified, and an incident report is created. The Supervisor or Director of Clinical Services will think safety first and decide how best to minimize the potential harm to the child, employees, and others.

In some cases, the child can be removed from a group setting to a more traditional one-on-one therapy session. The Supervisor may reintroduce the child into the group setting at the point in time it is determined that the child needs more direct assistance. The Parent / guardian will be notified of the change in treatment and any appropriate options that can be offered to remain in the group.

If the Supervisor or Director of Clinical Services feels there is a possibility of serious harm to the child or others, the Parent / guardian will be contacted to pick up the child as soon as possible.

Injurious behavior may lead to dismissal from the program for the safety of the client(s) and or employees.

Elopement Behavior

Our entire ABA program is specifically designed to reduce and eliminate severe behaviors however, if client has a history of engaging in elopement behavior, sessions will only take place in approved locations such as in the client's home or in the clinic setting, until the behavior has been effectively managed in these settings.

All employees working with clients who engage in elopement at Tier 3 Montessori are trained in PFA-SBT or other formal non-violent crisis de-escalation training to safely manage these behaviors. Any client who engages in potentially dangerous behaviors, must have a formal behavior intervention plan and crisis management plan in place that outline all the protocols, procedures, and interventions to be utilized for that client.

Any occurrence of elopement within the home, clinic or community settings must be reported immediately to the Supervisor and an incident report should be documented and provided to the Parent / guardian indicating what strategies were utilized to intervene.

Medical Emergencies

When a medical emergency arises, every effort will be made to contact Parent / guardian or an emergency contact. If Parent / guardian or emergency contacts cannot be reached, the Supervisor and Director of Clinical Services will decide the next step, which may consist of calling 911.

In an extreme emergency, the employee may, at their discretion, call 911 before contacting the Parent / guardian of the child. An authorized representative from the clinic will accompany the child and remain with him/her until their caregiver arrives. Our emergency information form, filled out at the time of enrollment, serves as consent for your child to be transported by ambulance to a local medical facility to receive emergency care. Tier 3 Montessori assumes no responsibility for the costs associated with emergency care. Tier 3 Montessori employees do not transport children to medical facilities at any time.

- All employees receive training in CPR, first aid, basic life support, fire, flood, and tornado procedures.

Thank you!

I have reviewed and understand the Tier 3 Montessori Clinic Health Policy.

Parent / guardian Name: _____

Parent / guardian Signature: _____

Date: _____