



3145 E. Chandler Blvd 110-117, Phoenix, Arizona 85048 | Phone 602.828.2619 |

## Welcome

Dear Parents and Caregivers,

We would like to thank you for choosing Mariposa Speech Services to provide therapy services for your child. It is our goal to provide you and your family with the type of family oriented services that you require. If you have any questions or suggestions regarding treatment or any other matter affecting your child during our time together, please feel free to call our office at any time.

You will find the following 7 items enclosed:

1. **INSURANCE INFORMATION: This must be completed and returned to the office prior to therapy services beginning.** This document allows Mariposa Speech Services to complete the necessary documentation to complete billing for your insurance.
2. **FINANANCIAL RESPONSIBILITY: This must be completed and returned to the office prior to therapy services beginning.** This form must be completed to acknowledge the following: If your insurance denies claims/refuses to pay for services rendered by Mariposa Speech Services due to the services:
  - Not being medically necessary under your insurance plan, and/or
  - Investigational under your medical policy guidelinesThe patient/responsible party will be financially responsible for the full amount billed to insurance for services rendered.  
The fact that your insurance may not pay for a particular service does not mean that you should not receive it. Please feel free to ask any questions or express concerns that you may have on this subject. The purpose of this form is to help you make an informed choice about whether you want to receive these services knowing that you might have to pay for them yourself.
3. **CONFIDENTIALITY STATEMENT: This must be signed and returned to the office prior to therapy services beginning.** Federal laws have changed regarding confidentiality. This form explains those changes. Please read, sign, and return.
4. **CANCELLATION / NO SHOW POLICY: This must be signed and returned to the office prior to therapy services beginning.** If you have any questions, please feel free to call the office.

**5. EMAIL AND TEXTING: This must be completed and returned to the office prior to therapy services beginning.**

Mariposa Speech Services has taken reasonable safeguards to protect the privacy and security of information transmitted by its employees and contractors. However, because of the risks outlined above, Mariposa Speech Services cannot guarantee the security and confidentiality of email and text message communication and will not be liable for improper disclosure that is not caused by our intentional misconduct. Mariposa Speech Services recommends that when electronically transmitting information to an employee or contractor, information be kept to the minimum necessary, i.e., appointment times and dates only. Mariposa Speech Services also recommends that text and emails be erased after reading or sending to help protect privacy. In consenting to email and/or text communication, you understand that you are responsible for protecting your electronic device by password or other means of access. Mariposa Speech Services is not liable for breaches of confidentiality caused by a client or other third party.

**6. Release and Permission to Record Sessions: This must be completed and returned to the office prior to therapy services beginning.** Video and audio recordings are sometimes used as aids in the therapy process, or for the therapist's own personal review of a particular therapy, interview, or testing session. Any such recordings will be viewed with discretion and will only be viewed by the therapist or therapist's supervisor at Mariposa, and will not be released to another party without your additional written consent. Mariposa needs to have your written permission to make and use these recordings for these purposes.

**7. PATIENT INFORMATION: This must be completed and returned to the office prior to therapy services beginning.** This data will be utilized as information to be provided to the therapist who will be evaluating and/or treating your child. As much information as you can provide will be very helpful to the therapist in assisting her/him in determining the best therapeutic services for your child.

We at Mariposa Speech Services, Inc. would again like to thank you for choosing our company to assist you in providing therapy services to your child. We look forward to hearing from you.

Sincerely,

Danielle Lowe, M.S. CCC-SLP, M.Ed., Director  
Kristin Blanchard, M.S. CCC-SLP, Director  
Mariposa Speech Services, LLC