

Our Policies (Updated May 1, 2025)

Patient Financial Responsibility

I agree to be responsible for all estimated deductibles, co-insurance, or co-payments. As in all healthcare situations, the guarantor is always responsible for payment. I understand that Central Coast Language and Learning staff will contact my insurance carrier for estimated benefits and any requested payments will be the direct result of the verification. Therapy services may be put on hold or terminated if there is a problem regarding payment.

Change of Insurance

I agree to notify Central Coast Language and Learning Center within 5 business days of any change of insurance. Change of insurance does NOT guarantee coverage of therapy services and failure to provide accurate insurance information promptly may result in the unpaid insurance balance being transferred to patient responsibility. Failure to provide updated insurance information within 5 business days, will result in discharging you/your child from CCLLC.

Sick Policy

The Board of Health considers the following signs to indicate communicable disease/illness: vomiting, fever over 100 degrees, diarrhea, sore throat, rash/swelling, and red or running eyes. Please be sure you or your child is symptom-free for 24 hours before resuming therapy.

Email & Text Policy

Central Coast Language and Learning Center will always communicate with you or your family in the most personally convenient way possible. Our office uses unencrypted email and text messaging to communicate about things such as appointments, schedules, or billing. Your private electronic health information will not be included in any email or text message.

Authorization for Release of Photographs, Video, Artwork, etc. For use in marketing/communications; professional and community outreach. I hereby authorize Central Coast Language and Learning Center to use photographs of myself, my personal story and any related quotes for marketing materials (including, but not limited to, Facebook, CCLLC website, brochures). **To opt-out, you need to communicate this directly to the staff by email at info@coastallearning.org**

HIPAA and Privacy Practices

HIPAA describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. For more information, visit Coastallearning.org.

I have received this notice of privacy practices and know where to go to get more information.

Same-day Cancels & Missed Session Policy

Central Coast Language and Learning Center (CLLC) understands there may be times you need to cancel or reschedule an appointment due to emergencies or other unexpected issues. We have a full waitlist, and whenever possible we offer open sessions to those clients. If you cannot keep an appointment, please notify our office at least 24 hours before your scheduled appointment time by calling 831-645-7900 and speaking with our front office staff, leaving a detailed voice message with the reason for your cancellation, and/or emailing Bianca@coastallearning.org.

Please do NOT contact your therapist about any cancellations. Declining a session in our telehealth platform is not sufficient and will **not** be accepted as a cancel. All cancellations must be made with our front office staff, or through our voicemail system. You may leave a voicemail at any time, including weekends. Any cancellation with less than 24 hours' notice is a same-day cancellation. This includes both in-office and telehealth appointments. **Any client with two consecutive no-shows after the initial evaluation will be discharged.**

Three no-call no-shows will result in discharge from CLLC.

*Three same-day cancels will allow two **additional no-shows** (same-day cancels or no-call no-shows) per year.*

If services are desired after 3 no-call no-shows, clients will only be eligible for open slot therapy not a weekly spot.

First same-day cancel: Email or phone call notifying you of the missed session and documented in your file. There will be no charge for the first same-day cancellation. **Second, third, or fourth same-day cancel: Each missed session will be documented in your file and your card on file will be charged \$40. A receipt will be emailed to you.** Fifth same-day cancel: \$40 charge to your card, and you will be discharged from CLLC.

***For you or your child to make optimal progress, it is important to attend all scheduled therapy sessions. Excessive missed appointments, cancellations, or five same-day cancellations will immediately discontinue services.**

I have read and understand the above policy regarding same-day cancellations. I agree to keep my payment card on file, and further understand I will be charged a non-refundable \$40 fee if I have more than one same-day cancel. I understand that a fifth same-day cancellation or after missing the first two sessions after the initial evaluation will result in discharge from therapy. My signature below indicates my understanding and agreement with this policy.

*Clients with Central California Alliance for Health cannot be charged for missing an appointment. Instead, if an appointment is missed without proper notice, the care management team with Central Coast Alliance for Health will be notified. Five missed appointments will result in discharge from therapy. THIS FORM HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I UNDERSTAND ITS CONTENTS AND ACCEPT ITS TERMS.

Client Name: _____

*As listed on the insurance card

Signature: _____ Date: _____