

REHABILITATION SERVICES

APPLICATION FORM

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1. INTRODUCTION

1.1 Autism Center of Excellence (referred to here in this document as **the Center**) has been issued legal licenses by the relevant authorities to provide rehabilitation services to **the Client** (the Client is the individual who requires rehabilitation services offered by the Center and whose guardian agrees to subscribe to those services). The services provided include Applied Behavior Analysis (ABA), Speech and Language Pathology (SLP), and Occupational Therapy (OT).

1.2 The Client's guardian (referred to hereafter in this document as the Guardian or the second party) may wish to subscribe to the Center's services, and enable the Client to receive the services in accordance with the policies and provisions detailed in this application form (referred to hereafter as the Document).

1.3 By signing the Document, the Guardian gives consent to participate in the rehabilitation services offered by the Center, thereby accepting all the policies and provisions detailed in it. The Center is also committed thereby to offering the services as detailed in the Document.

Please read the Document carefully and do not hesitate to notify the responsible staff member at the Center if you have any questions.

2. DOCUMENT CONTENTS AND APPENDICES

2.1 This Document contains the following sections:

1. Introduction.
2. DOCUMENT CONTENTS AND APPENDICES
3. REHABILITATION SERVICES.
4. CONFIDENTIALITY POLICIES.
5. SERVICE FEES, PAYMENT OPTIONS, AND BILLING POLICIES.
 - 5.1. Subscription through private payment.
 - 5.2. Subscription through insurance.
6. Cancellation and refund policy.
 - 6.1. Private payment
 - 6.2. Services covered by insurance.
7. Risks and benefits.
8. General provisions
9. Contact information for the center.
10. Acknowledgment of approval and agreement on the terms

2.2 The document also contains the following appendices:

- 2.2.1. Appendix No. 1 - CLIENT ADMISSION REQUIREMENTS

2. Description for REHABILITATION SERVICES

1.1 CONSULTATION SESSION: A one consultation session which provides one of the following services: Applied Behavior Analysis (ABA), Speech Language Pathology (SLP), **OR** Occupational Therapy (OT). Duration: 60 min (ONE SESSION).

1.2 **MULTIDISCIPLINARY ASSESSMENT:** An assessment administered by different members of a professional team in different disciplines, such as ABA+, SLP, **AND** OT. It helps to gather a holistic view of the Client's difficulties, and different goals can be identified and prioritized. During the assessment, the Client's history is recorded, and their performance in communication skills, motor skills, self-reliance, behaviour, and social, emotional and adaptive aspects is evaluated, all of which help determine the prevailing clinical status of the Client. Multidisciplinary assessment sessions are provided face-to-face (or virtual as needed) and include a meeting with the parents, immediate observation, assigning certain tasks to the Client, then developing a treatment plan, and producing a written report. Duration: 4-6 60-minute sessions.

1.3 **SINGLE-DISCIPLINE ASSESSMENT:** A comprehensive assessment of one service that includes ABA assessment, SLP assessment, **OR** OT

assessment. This takes place within two face-to-face sessions (or virtual as needed) which include a meeting with the parents, immediate observation, assigning certain tasks to the Client, then developing a treatment plan and producing a written report.

Duration: Two 60-minute sessions – total of 120 minutes.

1.4 SINGLE-DISCIPLINE TREATMENT SESSION: A one-on-one treatment session of a single service in ABA, SLP, **OR** OT.

Duration: One 60-minute one-on-one treatment session. Total of 24 sessions.

1.5 INTENSIVE REHABILITATION PROGRAM: A rehabilitation program providing Clients with one-on-one sessions of ABA, SLP, **and** OT. At the end of the program, a progress report is provided.

Duration: 12 sessions per week for 15 weeks – total of 168 one-on-one sessions. Each

week is divided as follows:

- (8) 60-minute sessions of ABA. Total of 120 sessions/hours.
- (2) 60-minute sessions of Speech Language Pathology. Total of 24 sessions/hours.
- (2) 60-minute sessions of Occupational Therapy. Total of 24 sessions/hours

1.6 SINGLE-DISCIPLINE PACKAGE: 24 one-on-one sessions of ABA, SLP, OR OT. Sessions are provided Face-to-Face (or virtual as needed).

Duration: 24 60-minute sessions – 2 sessions per week for 12 weeks (3 months).

1.7 ONLINE PARENT TRAINING PROGRAM: Virtual training sessions designed to provide parent-mediated therapy based on a client's needs in ABA, SLP, OR OT. Duration: 12 60- minute sessions designed for parents.

1.8 INTENSIVE BEHAVIORAL PROGRAM: It is an intensive behavioral rehabilitation program. Provided Intensively Behavior assessment sessions per month with (60 minutes each session) in Behavior assessment over a period of four days a week, for a total of 38 individual treatment sessions per month.

1.9 VOCATIONAL REHABILITATION PROGRAM: special for adults to acquire various professional life skills as: hospitality, customer service, plant care, making products from different materials, in addition to improving communication skills, self-reliance, and the social aspect, in addition to programs Support from the Department of Speech and Occupational Therapy.

3.10. DAY CARE PROGRAM: It is a program to rehabilitate and train children, adolescents and adults to acquire various skills that include; Communication and language skills, social interaction and communication, gross and fine motor skills, reducing unwanted behaviors, and independence and self-reliance skills such as using the bathroom, washing hands, dressing and taking off clothes, feeding, and other skills. The program includes arts classes, social and recreational activities, in addition to programs Educational and training for families. This program extends for 17 weeks in accordance with the day care program calendar provided by the Ministry of Human Resources and Social Development.

4. CONFIDENTIALITY POLICIES:

4.1 Personal Confidentiality Protection Act: All personal data obtained by the Center regarding the Client is subject to the provisions and controls detailed in the Personal Confidentiality Protection Act, and the Client and Guardian's rights are guaranteed by the same act.

4.2 Privacy Rights: The Client maintains privacy rights throughout their time at the Center. This means that all personal information collected during sessions and all written records of the sessions shall remain confidential and may only be used by the Center as part of the services provided to the Client. The information may not be released except in situations when disclosure is required by the Personal Confidentiality Protection Act, as mentioned in subsection 4.3 below.

1.3 When Disclosure is Required by the Act:

1.3.1 If the Guardian agrees to disclose in accordance with the provisions of the act.

- 1.3.2 If the personal data was collected from a publicly available source.
- 4.3.3 If the entity requesting disclosure is a public entity, for security purposes, implement another system, or to fulfill judicial requirements in accordance with the provisions determined by the applicable regulations.
- 1.a.4 If the disclosure is necessary to protect public health or safety, or to protect the life or health of a specific individual or individuals, in accordance with the provisions determined by the applicable regulations.
- 1.a.5 If the disclosure will be limited to processing it later in a way that does not lead to the identification of the owner of the personal data, or any other individual in particular, in accordance with the provisions determined by the applicable regulations.

4.4 EMERGENCIES: If there is an emergency during or after the provision of service to the Client when concerns are raised about their personal safety, the safety of others, or the Client's rehabilitation care, we will do whatever is within the limits of the law to prevent the Client from injuring themselves or others and to ensure that they later receive appropriate clinical care.

5. SERVICE FEES, PAYMENT OPTIONS, AND BILLING POLICIES

5.1 : Subscription through private payment.

5.1.1 Right to Amendment: The Center has the right to amend service fees – provided that the amendment is effective on services and programs that have not yet been contracted between the Center and the Client – and to modify payment options and billing policies, as it deems appropriate.

5.1.2 Billing Policies: The Center submits an invoice showing the services agreed to be provided to the Client, the fees applicable to the services, and any other costs required by the case.

5.2. Subscription to services through insurance:

5.2.1. Rehabilitation services will begin to be provided once approval is obtained to provide services from insurance companies.

5.2.2. The approval request is submitted according to the number of sessions specified until the end of each calendar month.

5.2.3. If the beneficiary obtains “full approval” to cover the rehabilitative sessions for the month, the Center of Excellence for Autism is committed to providing all the sessions that have been approved, provided that the sessions are provided during the calendar month in which the approval was obtained.

5.2.4. In the event that the beneficiary obtains “partial approval” or “disapproval” to cover the rehabilitation sessions, the client will be notified of this by phone call or text message within two business days.

As a maximum, this is to determine the following before providing services:

1. Providing only approved rehabilitation sessions in accordance with insurance coverage.

2. If the client wishes to benefit from the full rehabilitation program during the month, the client is obligated to pay the amount of the sessions not covered by the beneficiary’s insurance policy.

5.2.5. The client may be obligated to pay a deductible amount before starting to provide services (per month) according to the insured insurance policy.

5.2.6. The customer will be issued an invoice upon payment of the deductible.

5.2.7. The Center of Excellence for Autism receives medical insurance clients from different companies. In the event that there is no direct insurance coverage by your insurance companies, the Autism Excellence Center can also provide you with an invoice containing all the information that may be requested by the company providing insurance coverage to the beneficiary, knowing that it is your responsibility to communicate with the beneficiary’s insurance company and complete the required procedures. For that matter. It is also important to be familiar with the mental or behavioral health services covered by the beneficiary’s insurance policy, and the deductible policy according to the insurance policy.

6. CANCELLATION AND REFUND POLICIES:

6.1 Private Payment:

6.1.1 In emergency circumstances, appointments may be canceled up to 24 hours prior to the scheduled time. Cancellations within 24 hours of the scheduled appointment and missing appointments without notice are not permitted. Please note that recurring cancellations (up to 24 hours prior to the appointment) will result in the provisions set forth in section 6.1.2 below.

6.1.2 When canceling an appointment up to 24 hours in advance:

1. In case of first cancellation: A make-up session is scheduled within the same week or sooner.
2. In case of second cancellation: A make-up session is scheduled within the same week or sooner.
3. In case of third or further cancellations: The session will be deducted from the total number of specified sessions, and it will be classified as a canceled session. Consequently, the Client will not be offered an additional session and will not receive financial reimbursement as compensation for the canceled session.

6.1.3 Late Cancellation or Absence: A late cancellation is when the Client sets an appointment and then cancels it less than 24 hours before the appointment. An absence is when the Client fails to attend the appointment and does not notify the Center beforehand. Note that repeated late cancellations or absences will result in the provisions set out in section 6.1.4 below.

6.1.4 In case of late cancellation or absence:

1. First late cancellation: A make-up session is scheduled within the same week or sooner.
2. Second or further late cancellation: The session will be deducted from the total number of specified sessions, and it will be classified as a canceled session. Consequently, the Client will not be offered an additional session and will not receive financial reimbursement as compensation for the canceled session.

6.1.5 Late present: If the Client fails to arrive at their appointment within 15 minutes of its starting time without any notice, the session will be canceled and will be marked as (No Show/Canceled). If the Client attends late and wishes to receive the service, they will pay regular fees and the session will be provided in the remaining time of the scheduled session.

6.1.6. Stopping attendance at the program or service: If the guardian wants the beneficiary to stop attending or wants to terminate the prepaid program or withdraw from it; A request must be submitted to the center no later than two weeks before the last day of service provision.

6.1.7. Absences and cancellations in the day care program: Day care program sessions are attended in accordance with the training calendar for day care programs affiliated with the Ministry of Human Resources and Social Development. The client is not compensated for sessions that he missed with or without an excuse, provided that a minimum of 20 sessions are provided in occupational therapy. And speech and speech therapy during the training semester.

6.1.8. Additional provisions regarding the Intensive Rehabilitation Program or Single Specialty Package: All scheduled treatment sessions must be attended within 15 weeks of the service start date. No refunds will be given for sessions not attended after this period. Note that the Center requires early notification of any leave or emergency circumstances that prevent the beneficiary from attending.

6.1.9. If the payment through a third party, the refund will only be made with the written approval of the third party through whom the payment was made.

6.1.10. In the event of payment through partial payment (installments), the client is obligated to notify the center of his unwillingness to complete the program two weeks before the scheduled payment date, and the amounts paid for the sessions scheduled to be provided in the paid installment will not be refunded.

6.2. Services covered by insurance.

6.2.1. The Center does not provide compensation for rehabilitation sessions that are missed without an excuse.

6.2.2. In the event of an excused absence, compensation will be made in the same month that was approved.

6.2.3. The approval for insurance coverage is submitted every month. The beneficiary's guardian must ensure insurance coverage for the following month to avoid interruption of the rehabilitation program.

6.2.4. If the client wishes not to complete the rehabilitation program during the month, the Center of Excellence for Autism will be notified no less than two weeks from the expected date of the last session.

7. RISKS AND BENEFITS

7.1 There is clear and strong scientific evidence supporting the positive effects that Applied Behavioral Analysis, Speech and Language Therapy, and Occupational Therapy can have on people with autism spectrum disorder. The Center monitors the Client's development through intensive data tracking to ensure they are benefitting from the treatment plans or to identify any necessary modifications that can improve the Client's experience.

7.2 However, it should be noted that there is a limited number of people (a) who may not observe any positive effect upon receiving rehabilitation services, or (b) whose condition may worsen despite receiving rehabilitation services or because they have received rehabilitation services. Therefore, the Center does not provide any guarantee of any kind on the effectiveness of the rehabilitation services. The Center also relinquishes responsibility for any negative impact or damage that may occur to the Client as a result of the rehabilitation services and/or despite receiving the rehabilitation services – that is so long as the negative impact or damage is not directly caused by negligence on the part of the Center.

8. General provisions

8.1 The role of the Center is limited to providing the services outlined in this form and enabling the Client to benefit from them in accordance with the outlined policies and procedures. Note that the Center may add new rehabilitation services, and these new services shall also be subject to the provisions of this form.

8.2 The policies and procedures for providing services shall be in accordance with this Document and according to any subsequent policies and procedural manuals, amendments, or additions.

8.3 The Center makes every effort to provide rehabilitation services during working hours and official working days in the Kingdom of Saudi Arabia, with no responsibility in the event of non-availability of services due to any extenuating circumstance. The Center has the right, from time to time, to temporarily suspend services for periodic or emergency maintenance, and such suspension may occur with or without prior notice.

8.4 This Document is subject to the regulations in the Kingdom of Saudi Arabia and is being implemented and interpreted accordingly. Any dispute arising from or related to the application of this Document which does not reach an amicable

settlement between the two parties shall be settled before the competent courts in accordance with the laws of the Kingdom of Saudi Arabia in the city of Riyadh.

8.5 By signing this Document, the Guardian declares that he/she is legally authorized to represent the Client.

9. Contact Information for Scheduling/Cancellation

Autism Center of Excellence (ACE)

Amr Ibn Alaas Street, Ulaishah, Riyadh 11564

9034-12742

Email: Info@AceSaudi.org

Contact number: 920011452

Appendix 1 - CLIENT ADMISSION REQUIREMENTS

1- A medical report showing the diagnosis of autism spectrum disorder from an institution licensed by the Ministry of Health.

2- A hearing test.

3- National ID or Iqama

