



INFORMED CONSENT FOR OCCUPATIONAL THERAPY SERVICES

This document (the Agreement) contains important information about the professional services and business policies of clinical staff members at **Arbor Psychology Group- North Campus, PLLC** (APG). Please read it carefully and note any questions you might have so that they can be addressed during your session. You are asked to sign once you fully understand these policies. Once you sign a copy for your child's file, it will constitute a binding agreement between you and your APG clinical staff member. You may revoke this Agreement in writing at any time. That revocation will be binding on APG unless we have taken action in reliance on it; if there are obligations imposed on APG by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Occupational Therapy: The "occupation" of children is to thrive, and occupational therapy practitioners work with children and young adults, from infancy through college, and their families to facilitate participation and independence in activities of daily living. Recommended interventions are based on a thorough understanding of typical development, the environments in which children engage (e.g., home, school, playground) and the impact of disability, illness, and impairment on the individual child's development, play, learning, and overall occupational performance. Occupational therapy practitioners collaborate with parents/caregivers and other professionals to identify and meet the needs of children experiencing delays or challenges in development; identifying and modifying or compensating for barriers that interfere with, restrict, or inhibit functional performance; teaching and modeling skills and strategies to children, their families, and other adults in their environments to extend therapeutic intervention to all aspects of daily life tasks; and adapting activities, materials, and environmental conditions so children can participate under different conditions and in various settings (e.g., home, school, sports, community programs).

Clinical staff at **Arbor Psychology Group- North Campus, PLLC** provide occupational therapy assessment and treatment as described above.

Safety/Physical Contact: APG Clinicians will assure to the best of their ability that their child patients are kept safe in the office. If a child should engage in behaviors dangerous to her/himself or the APG Clinician during a session and cannot stop these behaviors independently, the APG Clinician may restrain (hold) the child in a safe and non-punitive manner until the child is able to refrain from dangerous behaviors. In addition, in the course of assessment or treatment, young children sometimes seek physical contact with the therapist in the form of hugs. Your APG Clinician will assure that any physical contact is positive and safe. Parents are encouraged to contact APG Clinicians whenever they have questions about their child's treatment.

Confidentiality: The only way your APG Clinician will share information about your child or your family with others is if you first sign a "Release of Information" form that specifies who is to receive the information and what is to be shared. You have the right to confidentiality regarding your involvement at APG. Legal exceptions to confidentiality exist in order to protect you and others, including the following: threat of grave bodily harm to oneself or another person; child abuse or neglect; requested information from your insurance company; and information a collection agency may require if a

patient's account is delinquent. Please see APG's Privacy Practices form for more detailed information.

Benefits and Risks:

Occupational Therapy Services can have benefits and risks. Informed consent means being aware of both possibilities.

Benefits include gaining increased independence, increased motor functioning, increased sensory regulation, and overall greater sense of well-being and health.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict a person's response to a certain therapy or procedure. There is a risk that OT assessment or treatment may cause pain or injury or may aggravate previously existing conditions.

A patient (or parent/guardian) has the right to ask questions about what type of treatment will be received and discuss with the therapist the potential risks and benefits of each specific recommendation. A patient (or parent/guardian) has the right to decline any portion of treatment at any time during the treatment sessions.

I acknowledge that I understand the benefits and risks of occupational therapy services as outlined above and I wish to proceed with my child's assessment and/or treatment.

_____ (Initials)

Professional Fees, Payment Policies, & Insurance Reimbursement:

Fees: Occupational Therapy Services are billed at \$200 for your first evaluation appointment, and \$120 per hour for treatment, afterwards; however, APG Clinicians may negotiate a reduced fee based upon need. Payment is due at the time of each session.

There is no charge for routine phone calls lasting less than 10 minutes. If phone calls take the place of an in-person appointment, if they last for more than 10 minutes, or if significant amounts of time are needed to coordinate a patient's care with other professionals or institutions, these calls will be charged per 15 minute intervals at the hourly rate of the service to which the call relates.

I understand that my initial evaluation session(s) will be billed at or below \$200 per hour and all subsequent treatment sessions will be billed at or below \$120 per hour.

_____ (Initials)

If a patient/family become involved in legal proceedings that require the participation of the APG Clinician, the patient/family will be expected to pay for their professional time even if they are called to testify by another party. Because of the difficulty of legal involvement, the fees for preparation and attendance at any legal proceeding are higher than the typical fees and will be discussed with the patient/family if this service becomes necessary.

Payment Policies: Fees are collected at each visit for the hours of service performed that day. Fees for activities conducted between visits (e.g., record review, phone calls of more than 10 minutes, school observations, etc.) will be collected at the next visit or by invoice if there are no further visits scheduled. The patient/family will be provided with a statement itemizing the hours for which you/the family are being billed on a monthly (or more frequent) basis. The patient/family will be expected to pay the outstanding balance at that time. APG Clinicians are unable to have patients run a bill for their services. APG Clinicians also cannot accept barter for services.

Payment may be made by cash or check at the time of service(s). Please make checks out to Arbor Psychology Group. Payment may be made by credit card using the online client portal.

I understand that I must pay at the time of each visit. I understand that all services provided between visits will be billed and paid at the subsequent visit.

_____ (Initials)

Payment delinquencies: There will a returned check fee of \$25.00 should there be any problems clearing a check. If for any reason a patient/family does not pay their bill at the time of service, a \$50.00 late fee will be assessed for each 30 days that they do not pay. If a patient/family does not pay their bill for more than 60 days and suitable arrangements for payment have not been agreed to, your APG Clinician has the option of using legal means to secure payment, including the use of collections agencies or small claims court. If such legal action is necessary, the costs of such proceedings will be included in the claim. In most cases the only information released about a patient in such a process would be his/her name, the nature of the services provided, and the amount due.

Insurance Reimbursement: If you have a health insurance policy, it may provide some coverage for occupational therapy assessment and treatment. You will be responsible for requesting a referral from your child's pediatrician/physician in order to initiate treatment. Arbor Psychology Group (APG) will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, you, not your insurance company, are responsible for payment of services at the time of service(s). It is very important that you find out exactly what services your insurance policy covers.

You should carefully read the section in your insurance coverage that describes occupational therapy services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

I have read and understand that I am responsible for any fees that my insurance company does not cover.

_____ (Initials)

Cancellation Policy: Since your appointment time is reserved exclusively for you, if you cancel or do not come, your APG Clinician is often unable to use that time for another patient who needs to be seen. Therefore, once an appointment for any service is scheduled, a patient/parent will be expected to pay for it unless they provide 24 hours advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Illness and emergencies are exceptions to this.

I understand that I must cancel the appointment 24 hours in advance or I may be billed in full for the scheduled appointment.

_____ (Initials)

Early Termination (Ending) of Treatment:

A decision on the part of your APG Clinician for early or premature termination of the professional relationship would be for one of the following reasons: non-cooperation with the services being provided; lack of maintaining frequency of sessions that would support timely completion of the evaluation, treatment or consultation; needed services that your

APG Clinician is not able to provide; financial non-cooperation; or any other needs of the APG Clinician. Should the professional relationship end prematurely; parents/guardians will be provided with appropriate referrals and recommendations about how to proceed.

Contact Policies & Procedures:

To reach your APG Clinician by phone, please call her google-voice phone number which is: 734.545.8772 or our office at 734.997.5033. As APG Clinicians are often not immediately available by telephone, they will check messages during the day, Monday through Friday. APG Clinicians typically do not check messages over the weekend. APG Clinicians will make every attempt to return phone calls as quickly as possible. When your APG Clinician is unavailable, their telephone is answered by confidential voicemail. If your APG Clinician will be unavailable for an extended time (e.g., vacation or illness), they will provide patients/families with the name of a colleague to contact, if necessary and upon request.

If a patient wishes to communicate with their APG Clinician by e-mail, it is necessary to sign the Electronic Communications Authorization Form.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during your professional relationship with your APG Clinician.

I have received and understood the above information. I have been given a copy of this form for my records, and I consent to the agreed upon services for my child. I agree to meet all financial obligations.

Patient's Name: _____ Patient's Date of Birth: _____

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signature of Clinician as Witness: _____