

# *Development is CHILD'S PLAY!*

AN EVALUATION AND TREATMENT CLINIC FOR CHILDREN NEEDING EXTRA HELP

Teri Wiss, M.A., O.T.R./L.  
Director

## **SERVICE AGREEMENT FOR OCCUPATIONAL THERAPY TREATMENT**

I understand that therapy is a joint effort, the results of which cannot be guaranteed. Progress depends on many factors, including the neurological make-up of the individual, motivation, effort, regular attendance at therapy, follow-through with recommendations, and other life circumstances (e.g. experiences at home and in the community, interactions with family and peers). Despite our efforts, matters can get worse, as well as better. Providing treatment may involve exposure of skin and physical skin-to-skin contact. Movement and the use of moving equipment are integral to our therapy programs. While reasonable efforts will be made to ensure safety, injuries can occur.

In connection with the occupational therapy program in which my child will be participating, I hereby consent to the following:

*Development is CHILD'S PLAY!* may use information about my child in educational or scientific presentations provided that my child's identity or any clues to my child's identity are not revealed.

This facility is used as a training site for occupational therapy students. In addition, at times, we receive requests from professionals to observe the work that we do. Observation of the treatment session is not permitted if the director or treating therapist feel that it would interfere with your child's therapy or provide a negative experience for your child. Confidentiality is stressed to students and visitors. Any discussion about your child outside the facility is strictly forbidden. The observer is expected to maintain professional conduct.

*Development is CHILD'S PLAY!* must provide information and records, and/or testimony, otherwise confidential, in the event of a court order or in litigation or official proceedings, in accordance with applicable law.

I understand that if my child has not previously obtained services at *Development is CHILD'S PLAY!*, the initial session will be charged at the rate of \$310. An initial payment of \$232.50 and a payment of \$77.50 (cash or checks only) will be submitted with the required forms prior to setting an appointment. I am responsible for therapy charges and understand that payment for ongoing therapy sessions is due at the time of services.

I understand that my child will receive occupational therapy for 50 minutes, \_\_\_ time(s) a week, at the rate of \$155 per session. I understand that I am responsible for therapy charges and that payment (**cash or check only**) is due at the time of services. Pre-payment for 8 sessions is an option, resulting in a 5% discount.

\_\_\_\_\_  
Initial having read this page

My child has the following physical conditions, limitations, or precautions (seizures, heart problem, asthma, muscle/bone disorder):

I hereby authorize *Development is CHILD'S PLAY!* to release information about my child to my insurance company, for the purposes of determining benefits or receiving benefits for rendered services. In addition, I authorize *Development is CHILD'S PLAY!* to exchange information about my child to the person(s) listed below. The information which may be released consists of all information concerning my child, including diagnosis, history, findings, and prognosis. The information may be conveyed orally, in writing, or by photostatic copies of my child's occupational therapy records. I authorize the exchange of information about my child with:

---

\_\_\_\_\_  
therapist/M.D./clinic/teacher      address      city      zip code      phone no.

---

\_\_\_\_\_  
therapist/M.D./clinic/teacher      address      city      zip code      phone no.

---

\_\_\_\_\_  
therapist/M.D./clinic/teacher      address      city      zip code      phone no.

This consent is in effect for two years from the date of the last treatment session, unless renewed or withdrawn, in writing.

I have been provided the 5-page document, titled "Policies and Fees" and all my questions have been answered. I give *Development is CHILD'S PLAY!* permission to provide occupational therapy services for my child.

\_\_\_\_\_  
signature of parent or legal guardian      \_\_\_\_\_  
print name

\_\_\_\_\_  
child's name      \_\_\_\_\_  
relationship to the child      \_\_\_\_\_  
date

Are child's parents divorced? \_\_\_\_\_yes; \_\_\_\_\_no If divorced, please provide the signature of the other parent or documentation of custodial powers. No services can be provided without this information.

\_\_\_\_\_  
signature of other parent      \_\_\_\_\_  
print name

## Service Agreement for Occupational Therapy Treatment