



2906 Highway Ave. Highland, IN 46322 / 370 W. 80th Place, Merrillville, IN 46410

P (219)513-8311 Fax (708)479-2112

Consent and Acknowledgement Receipt of Notice of Privacy Practices

As a client's parent and/or legal guardian, I hereby consent to necessary evaluation, procedure and/or treatments recommended by the client's therapist as necessary in his/her judgement. I understand that the client is under the care and supervision of his/her therapist. By signing this form, I acknowledge that I have received a copy of Milestone Therapy's HIPPA and Privacy Policies.

I also understand that Milestone Therapy supports the higher education of students of Speech Language Pathology, Occupational Therapy, Developmental Therapy and Physical Therapy. Students may observe the treating therapist, assist and participate in the ongoing therapy afforded to the client by Milestone Therapy.

I am aware that there are programs that are available to me depending on the client's age that are provided by this state. I am electing to bypass those options, as applicable, in pursuit of private services offered by Milestone Therapy.

Milestone Therapy has separate copies of all policies for your availability, upon request. You can call us for a copy of any policy at (219)513-8311 or go to www.milestonetherapy.com.

Initial _____

Financial Responsibility

It is the parent/legal guardian's responsibility to know their individual policy plan(s) and what it will or will not cover. Client's portion is required at the time of service. By signing this disclaimer, I accept responsibility for payment of any and all expenses that are not covered benefits by my insurance. I agree that, if for any reason, my insurance company fails to reimburse any portion of a claim for services; it is my responsibility to pay what is owed to Milestone Therapy. Please note that quotes obtained from benefit verification are not a guarantee of coverage.

Initial _____

Coverage Change

Please Note: If your child's insurance provider and/or insurance coverage should change while receiving services, it is your responsibility to immediately inform us. If you fail to notify Milestone Therapy of a change, *you will be responsible for any unpaid claims.*

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Family Responsibilities

Milestone Therapy's program requires your family to be an equal partner in the child's service plan. The parent/guardian is a crucial member of the therapy team. We cannot do this without you! Caregivers responsibilities include but are not limited to: be an active participant in your child's therapy session and outcomes, ask questions, practice your child's new skills during daily routines (i.e. meal time, family outings, and diaper changing), read & understand all paperwork before you sign it, and calling clinic coordinators when it is necessary to cancel or reschedule an appointment.

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Episodes of Care

An episode of care is defined by a period of focused intervention for a specific problem with a specific beginning, middle, and end. In the context of pediatric therapy services, this means you should expect periods of rest breaks, as needed. It's important to understand that an episode of care will look differently for every child and for each discipline of therapy. No two kids are the same and each will respond to therapy in their own unique way. To help kids get the most out of therapy, our therapists' partner with each family and child to find out what the main goals are and to set a realistic episode for achievement of those goals. Parent and caregiver involvement is expected to achieve said goals. It is typical that after a series of episodes, a child's skills will plateau. When this happens, use this as an opportunity to take a break, practice skills at home, and to spend more time on other outside activities. Return to therapy can always be considered upon re-evaluation.

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Waiting Room Procedure

For safety reasons, all children under the age of 18 years old must be checked in by a parent/guardian or responsible party. Your attendance is required in the waiting room at the start of and 15 minutes prior to the end of your session. Your attention will be required if a situation arises and the patient is in need of parental assistance (i.e. bathroom needs, medical attention, behavioral assistance, questions regarding home procedures, etc.) If you leave the Milestone Therapy waiting room for any reason during the child's session you **must** let our

clinic coordinator know. *We are not responsible for your child outside of scheduled therapy time.*

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Attendance Policy

Consistent attendance at scheduled therapy sessions is necessary to make progress and meet the goals of therapy. In an effort to provide effective and efficient treatment to all our clients, it is the policy of Milestone Therapy that we require a 24 hour notice for **ANY** Cancellation of an appointment. A fee will be charged for failure to comply; \$30 for a missed therapy appointment, \$50 for an assessment or re-assessment. As this fee is not billable to any insurance company, the client accepts full responsibility to pay this fee. This fee will be automatically charged to your card on file. Appointments are in high demand and your early cancellation will give another child access to timely therapy services. This policy is in place out of respect for both our therapists and our patients.

If the client is more than 15 minutes late for an appointment, Milestone Therapy reserves the right to shorten the clients' standard appointment time as needed. In instances of a late arrival, the client may be asked to reschedule. If unable to be rescheduled, the client will be charged a \$30 rescheduling fee.

Failure to attend a scheduled appointment without cancelling with the clinic coordinator will be documented as a "No Show" and a \$30 fee will automatically be charged to you. Frequent cancellations and or reschedules, regardless of reason, will result in the loss of your child's standing appointment. Excessive "no show" or late cancelled appointments will result in suspension of services. The \$30 fee will be automatically charged, per session, regardless of reason.

Please contact Milestone Therapy at (219)513-8311 to cancel an appointment or let us know if you will be running late. If directed to voicemail, please include date and time, the child's name and appointment information and reason you are arriving late or cancelling the appointment. \$30 fee will still be charged if date and time are not within a 24 hour notice.

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Infection Control Policy

Parents/guardians may cancel and reschedule appointments when the client may have one or more of the following symptoms of a contagious disease. This will aid in the protection of the health of our staff and other clients. A doctor's note is required to return to therapy, if your child also did not attend school due to illness, after any of the below:

Symptoms include:

Fever over 100 degrees	Measles	Diarrhea
Vomiting/Nausea	Hand, Foot and Mouth	Pink Eye/Conjunctivitis
Open/Draining Lesion	Impetigo	Strep Throat
Lice/Bed Bugs	Chicken Pox	Rash

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Photography and Video Release

I hereby authorize Milestone Therapy to photograph and/or video record the client for purposes of treatment and professional purposes. I also understand that the client may be in group pictures or videos that may be reviewed by others outside of Milestone Therapy. I understand that pictures of the client may be used for advertisement or marketing purposes. This authorization is valid for the duration for the client's therapy and after discharge from therapy services, from the date signed below. I understand that I may revoke this authorization at any time.

Initial_____

Child Name (Printed) _____

Parent/Guardian (Printed) _____

Parent Signature _____ Date_____