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POLICIES AND PROCEDURES

For Clinic, Out-Patient and Home-Based Occupational Therapy

Fees

All group fees are due at the time of enrollment.

Claims to private insurance are filed within two weeks following the session. Parent or Caregiver is responsible for all claims that are denied, require a Co-Pay or meeting deductible amounts.

It is the caregiver's/parent's responsibility to notify the therapist or office with any changes in insurance status or Medicaid coverage or change in primary physician.

Scheduled Sessions

Each patient will be scheduled for therapy at an agreed time between caregiver/patient and therapist. The patient will attend occupational therapy at the scheduled time each week unless other arrangements are discussed. Therapy sessions are scheduled from 30 to 60 minutes depending on the patient's need.

Late Arrivals/Cancellations

If a child arrives late for his or her scheduled session, the child will only be seen for the amount of time remaining in the scheduled session, or unless a vacancy in the therapist schedule allows for the entire session.

Cancellations of scheduled sessions must be made at least 24 hours prior to the appointed time by notifying the therapist via mobile phone or the Creative Hands Office. A \$20.00 fee will be charged for all no call/no show appointments. A \$10 fee will be charged for missed sessions which are not canceled as required by these Policies and Procedures. *You will be required to pay this fee at the next treatment appointment.* If three consecutive sessions are missed without proper cancellation, the child will be discharged from the program.

Failure to show or notify the therapist for three (3) sessions in any period of time will result in the child being discharged and placed on a waiting list.

Caregivers and significant others are very important in helping the patient meet his/her goals in therapy. Family participation and observation is strongly encouraged during the therapy sessions.

Clinic

Pick-up

Only the child's parent, caregiver, or another person designated to Creative Hands in writing shall be allowed to pick up the child from the clinic.

A parent, caregiver, or other authorized person must arrive at the clinic at least 10 minutes prior to the end of the scheduled session to pick up the child.

Outside Items in the Clinic

No outside food or drink is permitted in the clinic lobby or during sessions.

No toys or other items from outside the clinic shall be allowed in the clinic.

Emergency Contact Information

A current emergency contact number for the parent or caregiver of each child must be provided to the Creative Hands' office. It is the responsibility of the parent or caregiver to update the emergency contact information maintained at the Creative Hands' office in the event such information changes.

Acknowledgement of Risk and Release of Liability

I understand and acknowledge the risks inherent in some of the therapy activities conducted at the clinic, including, but not limited to, the use of suspended therapy equipment and the physical exertion experienced during exercise and play activities. I further acknowledge that my child's participation in therapy activities at the clinic is voluntary in nature. I affirm that my child is in good health and is physically capable of participation in the activities at the clinic for which he or she is scheduled. I acknowledge that it is the recommendation of Creative Hands that my child be examined and cleared for participation in the scheduled activities by a medical professional prior to engaging in the contemplated activities.

In consideration for allowing my child to participate in therapy, I hereby release Creative Hands Occupational Therapy Services, Inc., its owners, officers, employees and agents from and against any and all actions, claims, demands, charges, damages, costs, losses and liabilities on account of any and all injuries, illness or other damages, including death, which may result either directly or indirectly from my child's participation in therapy at the clinic. I agree not to take any legal action of any kind against Creative Hands Occupational Therapy Services, Inc., its owners, officers, employees or agents for damages sustained as a result of my child's participation in therapy at the clinic. I further agree to indemnify and hold harmless Creative Hands Occupational Therapy Services, Inc., its owners, officers, employees and agents from any and all claims, judgments or costs. This release and indemnification shall be effective as to my and my child's heirs, executors, and administrators and any other persons claiming through or on behalf of myself or my child.

CREATIVE HANDS OCCUPATIONAL THERAPY, INC.
POLICIES AND PROCEDURES
For Clinic, Out-Patient and Home-Based Occupational Therapy

PLEASE READ THE ATTACHED AND RETURN THIS PAGE
ONLY WITH SIGNATURE

I confirm that I have had sufficient opportunity to read these Polices and Procedures, including the Release of Liability, that I have actually read it, and that I understand its contents and its effect on my child's legal rights.

Name of Child: _____
(Please print)

Signature of Parent/
Guardian: _____

Cell Phone# _____
(where you can be reached immediately)

Home Phone# _____

Date: _____