Therapy Policies and Consent

Evaluation:

- Your initial visit will involve a comprehensive evaluation in order for us to develop an individualized treatment plan. Patients and parents/guardians play an active role on the therapeutic team.
- Parent/patient's goals and expectations are incorporated in the written evaluation and communicated to the parent/guardian.
- Our therapist will demonstrate and recommend techniques and strategies to use at home and school to solidify skills learned during treatment.

Appointment:

- Appointment times are based on therapist availability and may be subject to change. We will make every effort to accommodate your schedule to the best of our ability.
- You will receive text reminders of your childs appointment. If you wish not to receive text alerts, contact the office
- Your child's therapist has determined the optimal amount of time for each visit.
- Clinical therapy services may be provided by a licensed therapy assistant under the direct and close supervision of the licensed therapist. The assistant will follow the treatment plan designed by the supervising therapist. Any necessary changes and updates will be performed by the supervising therapist.

Supervision:

- Parents/guardians may leave during the child's treatment only if you have left a cell number so that you can be reached by our staff, if needed, and you return 10 minutes before the session is scheduled to end.
- Parents are responsible for the patient and siblings that are brought to the clinic, they must be supervised.

Attendance/Timeliness:

- Regular attendance is important to obtain maximum benefits from your therapy. Following three consecutive absences or three out of five, the therapist may recommend discharge and/or lapse in therapy.
- Please notify the clinic 24 hours in advance, if possible, of an appointment cancellation.
- Patients with no show appointments are subject to a $25.00 charge, payable prior to next appointment.
- If tardy to a session, no extension may be given and the session will end at the regularly scheduled time. If more than 15 minutes tardy, please consider cancelling the appointment.
- We strive to provide a healthy environment for our other patients and our staff. If your child has a contagious illness, we ask that you please cancel accordingly.

Financial:

- You are responsible to know your insurance benefits, deductible, and number of therapy visits allowed.
- As a courtesy, EJ Therapy will submit your claims to your insurance carrier but you are ultimately financially responsible for charges whether or not they are paid by insurance.
- EJ Therapy requests balances be paid within 10 days of receipt of billed charged.
- Non-sufficient checks will be subject to a $35.00 processing fee. Original check amount and the NSF fee must be paid before next appointment or within 10 days.
- We accept checks, Visa, and MasterCard.
- Any unpaid balances over $500.00, will cause a suspension in treatment until the balance is paid in full.

Therapy policies and consent

I consent to the necessary care and/or treatment of the patient by the therapist at EJ Therapy. I understand the treatment falls within the scope of therapy as defined by the State of Ohio and the American Occupational/Physical Therapy Association and the American Speech-Language-Hearing Association. I understand that no guarantee has been made to me as the result of evaluation and/or treatment and that the success of treatment depends on the consistency of attending schedule appointments. I have read and understand EJ's therapy policies.

_____ _____

Signature of parent/guardian Date

Notice of Privacy Practice

I have received and/or reviewed a copy EJ Therapy's Notice of Privacy Practices and understand what my privacy rights are.

_____ _____

Signature of parent/guardian Date