

**Move to Learn, LLC
Occupational Therapy Services
867 Eastwind Dr.
Westerville, Ohio 43081**

Demographics

Client's Name _____

Client's DOB _____ Client's Age _____ Sex (M) (F)

Address _____

City _____ State _____ Zip Code _____ County _____

Parent/Guardian Name _____ Relationship _____

Parent's Home Phone _____ OK to leave message? _____

Cell Phone _____ OK to leave message? _____

Work Phone _____ OK to leave message? _____

E-Mail address _____ OK to e-mail? _____

Once therapy is established, would you feel comfortable receiving text messages in regards to cancellations or schedule changes?

Yes or No

Emergency Contact Information

Names of Emergency Contacts

1. _____ Phone Number _____ Relationship to the child _____

2. _____ Phone Number _____ Relationship to the child _____

Authorization is hereby given to Move to Learn staff to release the above named child to the following persons, provided proper identification.

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Physician to be contacted in an Emergency

Name _____ Phone _____

Medical History

Medical Diagnosis _____ Age of Diagnosis _____

Additional Diagnoses _____

Pregnancy (preeclampsia, maternal diabetes, and premature birth) _____

Birth (Pre-Term, Full Term, Complications) _____

Significant Medical History (asthma, congenital malformations, diabetes, surgeries,
hospitalizations) _____

Allergies _____

Medications (Rx, over-the-counter, and vitamins taken regularly) _____

Client Information for OT Services

Please describe your child's needs by answering the following questions

Hand Dominance (please circle)

Left

Right

Undetermined

What are your child's preferred activities (watching TV, playing with toys, using the iPad, playing outside)? _____

How does your child do with Self-help skills (dressing, teeth brushing, self-feeding, toileting, sleeping)?

What sensory concerns (sensitivities to clothing, resists cuddling, in constant motion) do you have in regards to your child? _____

What fine motor (writing/pinching) and gross motor (walking/running/jumping,) concerns do you have in regards to your child? _____

What social/emotional concerns (interaction with peers, inappropriate emotional response to event) do you have in regards to your child? _____

What behaviors does your child exhibit (hyperactivity, aggressiveness, attention-seeking)? _____

How does your child self-calm or regulate (take deep-breaths, self-stim, hide)? _____

Consent for Release of Information

Client's Name _____ Date of Birth _____

I hereby give authorization to Move to Learn, LLC to release or receive information regarding needs and services for my child from the following:

Primary Care Physician _____

Hospital _____

School _____

Other _____

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Release of Photographs/Videos

I, _____ give Move to Learn, LLC, permission to photograph and/or record my child, _____ to release for use to show progression of his/her skills or to the therapist's discretion. Additional confirmation will be made if photographs are to be used for promotional purposes.

Signature _____

Date _____

Home Health and Cancellation Policy

We understand therapy sessions may sometimes need to be canceled due to illness, vacations, weather, etc. Last minute cancellation due to unforeseen medical problems or family emergencies are understandable, however, frequent cancellations or no shows are not.

Because Move to Learn, LLC provides therapy services to families within their home environments or agreed upon predetermined location, the demand on our therapists' schedules is quite difficult. We must ask our families to take these circumstances into consideration when scheduling and communicating with our office.

In the event that a therapist must cancel a session, every effort will be made to schedule a make-up session for your child. If a client is unable to maintain 75% attendance for scheduled sessions, he/she may be discharged from therapy services. We request a parent/caregiver to notify therapist of cancellation 24 hours in advance of the session. Failure to do so will incur a cancellation charge of \$50/hour, charged to the parent.

I have read and understand this policy.

Child's Name

Parent/Guardian Signature

Date

Fee Schedule and Financial Responsibility

Move to Learn, LLC accepts checks, cash, or Venmo. We are unable to accept credit or debit cards.

Private Pay Policy: New clients will be required to pay for an initial evaluation, evaluation report and treatment plan. Private pay clients that have been assessed by Megan Bouscher, OTR/L within 6 months of their start date with Move to Learn will be required to pay for an assessment that includes present levels of performance and a treatment plan. All Private Pay clients will also be subject to pay for a progress report every 6 months. This ensures that your child is receiving the highest level of services and that progress is being made towards goals.

Move to Learn, LLC does not accept payment through insurance or managed care companies nor do we bill them. We are able to provide receipts, which you can submit to your insurance company for possible reimbursement for out-of-network OUTPATIENT OCCUPATIONAL THERAPY. Please contact your insurance company for questions regarding reimbursement rates under your policy.

As a client of Move to Learn, LLC, you are required to sign a financial responsibility and authorization for treatment form.

It is Move to Learn's policy that parents/guardians are prepared to pay the required payment at the time of services rendered. If you choose to be invoiced for services, payment is due every 2 weeks. Further questions or concerns, may be directed to Megan Bouscher at (614) 205-2372 or meganbouscher@movetolearntherapies.com.

Please sign and return with your information packet, documenting that you are aware of the above policies and understand what is expected.

Child's Name _____

Parent/Guardian Signature _____

Date _____

HIPAA Information Sheet

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective: August 3, 2015

If you have any questions about this notice, please contact Move to Learn, LLC at 614-205-2372.

Who will follow this notice:

This notice describes the practices of Move to Learn, LLC and that of:

All contracted, sub-contracted and salaried employees.

Any persons who may provide services to Move to Learn for administration of the needs of our clients, including, but not limited to, lawyers, accountants, auditors, and data processors.

Any physician or other person who assists Move to Learn, LLC with the review of quality of therapy services provided to our clients.

Any individual that our clients may request to contact Move to Learn, LLC about medical history or concerning therapies that have been received.

We understand that medical information about our clients and their health is personal. We are committed to protecting medical information about them including their medical history and payments for services (referred to as "Protected Health Information" or "PHI"). The records that are created are used to provide correct and accurate services to our clients and to comply with certain legal requirements.

Law to requires us:

Make sure that all PHI is kept private;

Give our clients this notice of our legal duties and privacy practices with respect to all PHI; and follow the terms of the notice that is currently in effect.

How we may use and disclose Medical Information about our clients:

Move to Learn, LLC may use and disclose your PHI to determine that may be provided by:

Reviewing all information and documentation necessary to determine eligibility and services needed.

To review for accuracy of processing and to recover any loss of funding.

To review the quality of services provided.

To conduct fraud and abuse detection in investigations.

To respond to inquires and complaints.

When required to do so by federal, state, or local law.

When necessary to prevent serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent threat.

We may use PHI for the purpose of providing quality therapy services to our clients.

If a client provides us permission to use or disclose medical information about them, you may revoke that permission, in writing, at any time and we will no longer use or disclose such PHI for the reasons covered by written authorization. Understand that Move to Learn, LLC will be unable to take back any disclosures that have occurred with your permission, and that we are required to retain our records of the care that we provided our clients.

Clients' rights regarding personal medical information:

The following are the rights regarding medical information that Move to Learn maintains:
Right to inspect and obtain a copy. Clients have the right to inspect and obtain a copy of PHI that may be used by Move to Learn to make decisions about services. This includes evaluations and progress notes.

Right to request restrictions:

Clients have the right to request a restriction or limitation on the PHI we use or disclose about our clients for treatment, payment or health care services. Clients also have the right to request a limit on the PHI we disclose about clients to someone who is involved in the client's care or the payment for the client's care, like a family member or friend.

Right to request confidential communications:

Clients have the right to request that we communication with them about medical matters in a certain way or at a certain location. For example, a client may request that we only contact them at home or by mail. To request confidential communications, a client must make the request in writing to Move to Learn, LLC. We will not ask the reason for such requests. We will accommodate all reasonable requests. All requests must specify how or where the client is to be contacted.

Changes to this notice:

We reserve the right to this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about our clients as well as any information we receive in the future.

Complaints:

If a client believes their privacy rights have been violated, you may file a completed with Move to Learn, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with Move to Learn, LLC, contact Megan Bouscher at Move to Learn, LLC, 867 Eastwind Dr. Westerville, OH 43081. All complaints must be submitted in writing.

You will not be penalized for filing a complaint. Effective August 3, 2015

Signature _____

Date _____