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www.kidsrehabgym.org

Patient Agreement

PERMISSION FOR EVALUATION AND TREATMENT: I hereby give permission to the professional staff of the Kids' RehabGYM to perform any test(s) and give any treatment(s), deemed appropriate by the professional(s) responsible for my child's care.

TEAM APPROACH: The Kids' RehabGYM integrates the professions of Physical Therapy and Occupational Therapy in physical rehabilitation, injury prevention and general wellness. I understand that I may be treated by more than one of the Kids' RehabGYM's healthcare personnel over the course of care. If I feel most comfortable with one provider, I have the freedom to request an individual provider as my choice. Your physical therapy evaluation and subsequent visits will be provided by a *Physical Therapist* who is licensed in the state of Vermont. Your occupational therapy evaluation and subsequent visits will be provided by an *Occupational Therapist* who is licensed in the state of Vermont.

RELEASE OF INFORMATION: I hereby authorize the Kids' RehabGYM to release any information necessary in coordination of my care to my insurance company(s), attending physician(s), school therapist(s), home based therapist(s), prior clinic therapist(s), current clinic therapists of other disciplines, and/or case manager(s).

PERSONAL PROPERTY STATEMENT: I hereby release the Kids' RehabGYM of any responsibility for the loss or theft of any personal items left in any section of the Kids' RehabGYM.

PAYMENT AGREEMENT: I permit the Kids RehabGYM to bill my insurance carrier directly and request any payments for service to be made directly to the Kids' RehabGYM. I certify the insurance identification information given by me is correct. I understand that I am responsible for and agree to pay **all** applicable copays, deductible amounts and charges not covered by my insurance at the time of treatment. If my obligations cannot be paid at the time of treatment, I agree to a payment schedule.

USE AND DISCLOSURE OF HEALTH INFORMATION: I have been shown and offered a copy of the Kids' RehabGYM **Uses and Disclosure of Information Statement**. I understand and accept the Kids' RehabGYM HIPAA compliant policy and know that I can contact Caitlin Cunningham (Executive Director) with any questions or concerns.

POOL USE: Our pools are specialty therapy pools, maintained to a higher standard of care than public pools. Due to these standards the following rules are required to use our pool: my child will be clean and free of open sores, my child will not use the pool if he/she is contagious with any illness (including excessively runny nose), and if there is a risk of bowel control issues, my child will wear a swim diaper. **If my child has an uncontained bowel or vomit incident in the pool I will be assessed a \$75 fee for the first incident. A secondary incident will be assessed a \$300 fee.**

*****NO SHOW/CANCEL POLICY*****

Attendance is important to both the quality of your child's rehab as well as the success of the Kids' RehabGYM business. Please cancel appointments at least 24 hours in advance. We understand last minute circumstances arise, but please **ALWAYS** call to let your therapist know if you will not be able to attend. **If your child is a no show or cancel (for reason other than illness) 30% of visits over 4 month period, you will lose scheduling priority! Further discussion with director required to discuss plan for therapeutic success of your child.**

Patient name: _____

Parent or guardian signature

Date

I understand all statements made above and agree to its terms

GROWTH THROUGH PLAY