



## POLICIES AND PROCEDURES – OCCUPATIONAL THERAPY

Thanks for choosing The Center for Connection and The Center for Connection and Neurodiversity! The following policies and procedures were created to prioritize the safety of both the client and the therapist during occupational therapy sessions. Please read through the policies carefully, and initial each item to acknowledge that you have read and understood. If you have any questions or concerns regarding any of the policies, please do not hesitate to discuss them with your therapist. We're here for you!

1. All minors should have a caregiver who is present in the building or can return within a short amount of time in case of emergency (current phone number to be on file). Caregivers may be asked to remain in the building if the therapist discerns that it may impact the regulation of the child. ☐
2. The last 10 minutes of the session is reserved for transitioning and possible communication with the therapist. Due to HIPPA and client confidentiality, the therapist may ask you to come to a separate space to discuss your child's treatment session. ☐
3. A therapeutic session is either 45 or 50 minutes, depending on the service. If additional time is necessary to consult or collaborate with the service provider, you can set up a separate time to connect with the therapist. A consultation fee will be charged. ☐
4. We're happy to provide a Letter of Medical Necessity, medical records, a summary of services, or other documentation upon request. Clients will be charged for such requests based on the amount of time required of the therapist, and these charges will be prorated based on the therapist's regular fee. Please allow at least *one week* for the therapist to provide these documents. ☐
5. If your child requires the use of a therapeutic companion or service animal during a session, you must complete an additional form and receive permission from the therapist. While we always try to accommodate the personal needs of all our clients, space limitations and health considerations may inhibit the use of these supports. ☐
6. Under certain circumstances, such as flu season and other transmissible disease outbreaks, your child may be asked to wash his/her hands prior to entering a therapy session, wear a mask, or follow additional health practices requested by the therapist and the policies of The Center for connection and The Center for Connection and Neurodiversity. This is to assist in keeping all clients healthy. ☐
7. Cancellations: If you are unable to keep an appointment, please inform your therapist immediately. If an appointment is missed or cancelled without 24-hour prior notice, you will be charged the full fee for the session. Individual therapists may bypass this policy in exceptional situations; however, we will ask that you keep a credit card on file, and as a rule, it will be charged for each missed session without 24-hour notice. ☐
8. Missed sessions: If your child misses 3 consecutive sessions, we are unable to hold the time on the schedule. Extenuating circumstances will be considered thoughtfully. ☐
9. Missed or declined payments: If 2 session payments are missed or declined, we will pause further sessions until the balance is paid. ☐

10. Please arrive on time for your scheduled session. Should you arrive late, the session will end at its usual time, and you will be charged the full fee. Due to the schedule, therapists are unable to keep your child beyond their scheduled time. ☐
11. The therapists at both The Center for Connection and The Center for Connection and Neurodiversity are part of a therapist collective that neither endorses nor recommends Applied Behavioral Analysis (ABA). This can be discussed further on an individual basis. Refer to our website ([www.thecfcn.com](http://www.thecfcn.com)) for resources. ☐
12. Consent: I give permission to the therapists at the CFC/CFCN to take photographs or record video of my child during therapy sessions for therapeutic purposes, parent education, document progress, etc. ☐ Yes ☐ No
13. Pictures/Filming: If you would like to take pictures or videos of your child during their session, please ask your OT for permission prior to filming. ☐
14. I give permission to the therapists at CFC and CFCN to communicate, collaborate, and consult with the therapists at the flagship office, The Center for Connection. Your OT will frequently consult with other therapists on your child's team to maintain a multidisciplinary/holistic approach. ☐

### **ACKNOWLEDGEMENT AND CONSENT**

Your signature below indicates that you have read and understood the information provided here, and that you agree to these terms.

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_