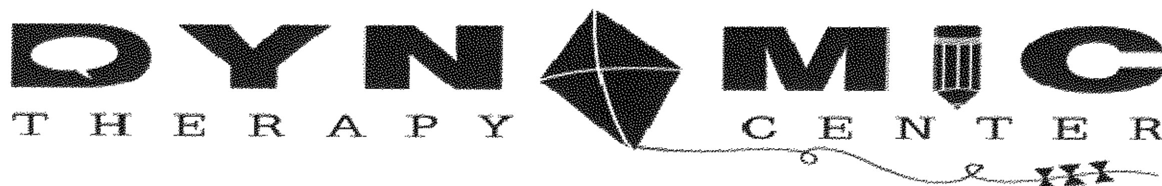

368 Quarry Loop Road
Mt. Juliet, TN 37122
615-443-4445 phone 615-443-4448 fax
Admin@DynamicTherapyCenter

PATIENT/FAMILY/CAREGIVER HANDBOOK

On behalf of our dedicated and professional staff, we thank you for choosing Dynamic Therapy Center to help meet your child's needs.

The Mission of Dynamic Therapy Center is to provide a comprehensive program of services to meet each child's developmental needs. We provide both traditional and non-traditional therapy services by utilizing experienced pediatric specialists in a variety of fields to maximize each child's abilities.

We believe special children deserve special care. We help optimize your child's potential and maximize long-term developmental outcomes for their success and help them thrive.

Therapy is tailored to meet the complex needs of each individual. Our therapists build on the strengths and interests of each client while helping to improve areas of need.

Our goal is to provide therapeutic care in a state-of-the-art, kid-friendly environment where you can find all the tools and equipment to help make each child successful.

If you ever have any questions or comments or concerns on how we can make you or your child's experience more enjoyable and beneficial, please do not hesitate to let us know. Thank you again for allowing us to be a part of your child's life!

Michelle Hill *Karyn Kurth*

Please make sure and read carefully each of the following pages. There are new policies in place so that we can better meet the needs of everyone who seeks out help through Dynamic. Please sign the back page and return it to the office indicating you have read and understand the information contained in this Handbook. Again, please let us know if you have any questions! Thanks!

Important Contact Information:

Dynamic Therapy Center, 368 Quarry Loop Road, Mt. Juliet, TN 37122

Phone: 615-443-4445 Fax: 615-443-4448

Website: www.DynamicTherapyCenter.com

Facebook: www.facebook.com/dynamictherapycenter

Hours of Operation:

Monday – Thursday: 8:00 am – 6:00 pm

Friday: 8:00 am – 12:00 pm

Dynamic Therapy Center will be closed in observance of some holidays which will be provided via Facebook post and signage in the clinic.

***PLEASE NOTE WE DO NOT FOLLOW ANY SCHOOL CALENDARS FOR CLOSINGS, HOLIDAYS, OR BREAKS.**

Who to Call with Questions:

To cancel or reschedule an appointment or to schedule a new therapy service:
Call 615-443-4445 and notify the front desk. Please refer to cancellation/no-show policy regarding canceling therapy sessions.

My child's insurance has changed:
Please call the front desk with your new insurance information and bring the new card to your child's next visit.

I have a question regarding a statement, insurance or billing:
Please call the front desk and leave a message with your name, your child's name and what the question is. The appropriate person will return your call as soon as possible.

I would like to speak with my child's therapist:
Please leave a message with the front desk and the therapist will return your call. Please remember the therapist may not work every day of the week and is sometimes back to back with visits. They will make every attempt to get back to you as soon as possible.

INCLEMENT WEATHER

In the event Dynamic Therapy Center feels it is unsafe for our patients and staff to travel due to inclement weather, we may close or delay opening for services. Closing/delay information is communicated via facebook page, and a message left on the phone number at 615-443-4445.

NON-SMOKING POLICY

Dynamic Therapy Center is a non-smoking facility. Smoking is not allowed within 25 feet of the building.

CONSENT FOR SERVICES

By completing and signing the Registration Packet, I have given consent for services. I understand if additional therapies or services are recommended at a later date, I will be involved in the decision to initiate said services and any additional financial obligations.

INSURANCE COVERAGE

Dynamic Therapy Center is delighted you have chosen us as your child's provider for therapy services. We are here to work with you on issues regarding insurance coverage, however it is your responsibility to know your insurance benefits and provide information to our staff on policy requirements in a timely manner. This includes any changes to your policy or coverage including insurance carrier, ID numbers, Group numbers, phone numbers, and addresses immediately upon the change. We will assist you in this process by calling to verify benefits for services, however the information provided by the insurance company is not a guarantee of payment. We will work with you and your insurance company throughout the billing process. If you need to update your insurance coverage at any time, please call the Front Desk at 615-443-4445.

FINANCIAL AGREEMENT/AUTHORIZATION FOR BILLING AND PAYMENT OF SERVICE

The Registration Packet Financial Agreement and Authorization for Billing states: I authorize Dynamic Therapy Center to contact Medicaid and/or my private insurance company to confirm benefits and release information necessary to process claims. I authorize payment(s) directly to Dynamic Therapy Center for services rendered. I understand that I am responsible for any co-pay/co-insurance and/or deductible amounts associated with the patient's benefits. I understand that is my responsibility to know my benefits and that verification of benefits by Dynamic Therapy Center is not a guarantee of payment. I understand if insurance is denied, I am responsible for payment of services rendered.

HIPAA RELEASE OF INFORMATION AND AUTHORIZATION

The Registration Packet states: I consent for Dynamic Therapy Center, to use the patient's Medical Information for the purpose of providing treatment, payment of services and for Dynamic Therapy Center general healthcare operations purposes. Medical information means for any information, including demographic information, created or received by Dynamic Therapy Center that is related to past, present, or future health conditions; information that relates to the provision of health care; information that relates to past, present, or future payment for the provision of health care services; and information that can be used to identify the patient. I have received the Notice of Privacy and Practices and understand the conditions under which information will be used and disclosed. I understand I have the right to revoke this authorization by providing written notice to Dynamic Therapy Center. However, this authorization may not be revoked if Dynamic Therapy Center has taken action on its authorization prior to receiving my written notice. This authorization is valid from the date of my signature and will expire on the date my coverage ends with Dynamic Therapy Center.

AUTHORIZATION FOR PHOTOGRAPHS AND VISUAL MEDIA

The Registration Packet states: I grant Dynamic Therapy Center, its representatives/employees the right to take photographs/videos of my child. I authorize Dynamic Therapy Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Dynamic Therapy Center may use such photographs/videos of me/my child with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read, understand, and agree to the above written statement.

PARENTAL RESPONSIBILITY

Parents/caregiver carryover of therapeutic activities and skills is a very important component to your child's success. In order to get the most out of treatment, follow through in the home environment is vital. This can be achieved through communication at the end of sessions with the therapist or direct parent observation of therapy sessions. Parents are invited to participate in therapy sessions as long as their presence does not disrupt the productivity of your child's session or that of other children. If it is determined a child participates better when a parent is not in the room, the parent can observe through the one-way window or wait in the lobby for information to be passed on from the therapist. Siblings are not allowed to come back for therapy sessions as this disrupts the flow of the session and can compromise the safety of the sibling and others. It is not mandatory for parents to observe the treatment sessions, but it is expected they will be available at the end of the visit to gather information from the therapist to help their child at home. We look at it as a partnership where we are working together to help your child reach their maximum potential as quickly as possible. The more their skills are addressed on a daily basis, the greater success they will achieve both in treatment sessions and in the home environment. If you are interested in observing a therapy session, please let your therapist know ahead of time. Arrangements will be made to review with you specific guidelines we have in place to ensure we are respecting the safety and privacy of everyone.

We ask that if you leave the building while your child is in treatment, you must return 10 minutes prior to the end of the session to the lobby area. This will ensure if the therapist wishes to talk with you as part of the therapy session, you will be available. This policy is extremely important since therapy sessions are scheduled back-to-back and our goal is to provide great communication to you and be on-time for all scheduled visits.

Make sure you are here 15 minutes prior to your session. If you are going to be greater than 10 minutes late, please notify the front office. Please understand visits are scheduled back to back and your appointment end time will remain the same regardless of when it begins. If tardiness occurs more than twice in a month, we will be happy to see if there may be a different time available for your scheduled visit so your child will get the most benefit from the therapy sessions. If tardiness continues, we will be forced to discharge your child from services and notify the physician.

PATIENT ATTENDANCE POLICY

The Registration Packet Patient Attendance Policy states: It is the policy of Dynamic Therapy Center to provide excellent therapeutic services to all of our patients; therefore it is important that all of our patients keep their scheduled appointments as recommended by the evaluating therapist. We try to accommodate all of our patients, but missed appointments prevent us from being able to help your child reach his or her maximum potential. We realize there may be situations where your child may need to miss a session, such as medical appointments or illnesses. Other issues, such as weather or transportation are not appropriate reasons for cancelling a treatment session that has been previously scheduled We are assuming because this appointment will be a standing appointment, you will have secured the necessary transportation ahead of time. This policy is necessary to ensure that your child and others are fully benefiting from therapies, and treatment times are not wasted by repeated absences while other children remain on the waiting list. At any given time, we have over 100 other treatment sessions waiting to be scheduled by families wanting services for their child.

Therefore, Dynamic Therapy Center requires the following:

Approved Cancellation – An *Approved Cancellation* will be granted when due to family emergencies such as hospitalizations, medical appointment, funerals, or patient documented illnesses such as vomiting, diarrhea, fever >100 degrees, unexplained rashes, or other contagious medical conditions. Please call the office (615-443-4445) as soon as possible to notify us that your child is too ill to attend. A physician's note may be requested with repeated cancellations for reason of illness.

Approved Advanced Cancellation – *Approved Advanced Cancellations* may be approved due to medical appointments or family situations if requested in advance. In order for a cancellation to be approved for a non-illness related reason, it must be requested in writing 7 days prior to your scheduled appointment.

Unapproved Cancellation – *Unapproved Cancellations* are considered "Unapproved" if for any reason other than illness or a planned advanced cancellation with less than 7 days written notice. Because of the significant waiting list, a child will give up their treatment time and be placed on the waiting list for another available time if a child has experienced one or more of the following:

*Two Unapproved Cancellations in a row

*Two Unapproved Cancellations in a four week time period

In addition to our attendance policy, Dynamic Therapy Center has a strict **NO SHOW Policy**. A *NO SHOW* is a missed therapy visit with no call to cancel prior to the scheduled appointment time. If a child fails to show for a scheduled appointment and the family does not call to cancel, it is considered a *"NO SHOW"*. A child will be discharged from therapy after two *NO SHOW's* and the pediatrician will be notified. In order to get back on the therapy schedule, the parent/guardian must contact the pediatrician for another therapy referral order. Patient demands require that we reduce our number of *NO SHOW'S* in order to continue to strive to give you the best possible services for your child and be fair to those who are on the waiting list.

If you call to cancel and cannot get through, please call back in the evening and leave a message. Our voicemail is checked every morning.

ILLNESSES

Please call the office if your child is ill and you need to request an Approved Cancellation for a therapy session. Children should not attend if they have any of the following symptoms:

- Temperature greater than 100 degrees - may return to therapy after fever free for 24 hours without medication.
- Vomiting – may return after 24 hours without an incident.
- Diarrhea – may return after 24 hours without an incident.
- Strep Throat – may return after 24 hours from initiation of medication and fever free for 24 hours.
- Conjunctivitis or "Pink Eye" – may return after 24 hours after treatment has been initiated or with a physician's note no longer contagious.
- Live lice – patients will be returned to parent if lice that are alive are found. Patient may return after treatment has been initiated and no signs of live lice.
- Any other contagious illnesses diagnosed by a physician.

We realize many children have colds or allergies that produce a runny nose or cough. It is not necessary to miss a treatment session due to these symptoms alone.

MEDICAL RELEASE FORM

A Medical Release Form was provided in the Registration Packet. It states: I acknowledge receipt of information between Dynamic Therapy Center and the above named facilities/agencies. I acknowledge receipt of the Notice of Privacy Practice and understand the conditions under which information will be used and disclosed. I understand the types of information that may be disclosed to the above named persons. I understand that I can add to or remove the authorization of any person(s) at any given time by providing a written request to Dynamic Therapy Center. This authorization will be in effect for one year after the date of signing.

If at any time you wish for your records to be sent to another entity, we will be happy to fax them if their name is on the Release Form. If you wish to have your records sent to an entity and their name is not on the form, you will be asked to add it to the document and sign and date again.

NOTICE OF PRIVACY PRACTICE
FOR PROTECTED HEALTH INFORMATION

This NOTICE describes how medical information about you may be used and disclosed and how you can get access to this information. Dynamic Therapy Center is committed to providing you with the highest quality of care in a friendly and encouraging atmosphere that protects your privacy and the confidentiality of your health information. As such, this notice explains our privacy practices, as well as your rights, regarding your health information.

With your consent, Dynamic Therapy Center is permitted by federal privacy laws to make uses and disclosures of your health information for the purposes of treatment, payment and healthcare services. Protected health information is the information we create and obtain in providing the services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

YOUR HEALTH INFORMATION RIGHTS

The health records we maintain and the billing records are the physical property of Dynamic Therapy Center. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request. For example, we may deny it if it would affect your care. If you pay for a service or healthcare item out of pocket or in full, you can ask us not to share the information for the purpose of payment for our services with your health insurer. Requests will be honored unless a law requires us to share that information.
- Obtain a paper copy of this NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION.
- Request that you be allowed to inspect and copy your health records and billing records. You may exercise this right by delivering this request in writing. Prior to copying such records, you will be notified of the fees associated for copying such documents. Fees are for the time required of our staff to gather and physically copy such documents and for the cost associated with the number of pages that would be printed. Such documents will be provided within usually 30 days from the written request.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your healthcare records be amended to correct incomplete or incorrect information by delivering a written request to our office.
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting or disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will NOT include an internal uses of information for treatment, payment or healthcare services, disclosures made

to you or at your request, or disclosures made to your family members or friends in the course of providing care.

- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to verify that the person has the authority and can act for you before we take any action.
- Choose how we communicate with you. You have the right to request in writing that we communicate with you in a particular way. For example, contact you through a work phone or send mail to a different address. We will honor all reasonable requests.

OUR RESPONSIBILITIES

- We are required by law to maintain to privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and practices described in this Notice and give you a copy of it.
- We will not use or share information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.
- We reserve the right to change this Notice and will notify you of such changes and provide you with an updated copy.
- If you believe your privacy rights have been violated, you may file a complaint with the Office of Civil Rights, US Department of Health and Human Services by sending a letter to 200 Independence Avenue SW, Washington, DC 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hippa/complaints.
- We may use and disclose your health information without your written authorization for treatment, payment and healthcare operation/services. We may share your health information with doctors, nurses, healthcare students, therapists, or other personnel who are involved in your care.
- We may use and disclose your personal health information to help us or another provider obtain payment for the healthcare services provided.
- We will disclose health information when required to do so by federal, state or local law.
- If people such as family members, relatives, or close personal friends are helping to care for you or helping to pay your medical bills, we may release health information to them. This is limited to the information necessary for your care or for payment for your care.
- We may release health information if asked to do so by law enforcement officials. For example, in response to a court order or subpoena.
- We may use or disclose your health information when necessary to prevent a 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 the threat.

We request that you acknowledge receipt of this Notice by signing a separate form in the Registration Packet and through the Dynamic Therapy Center Handbook. This acknowledgment will be filed with your records.

Thank you for entrusting your child's care to us. We will do everything possible to help your child achieve their goals and objectives in a positive, friendly setting!

I have read and received the Dynamic Therapy Center Handbook which includes information on the following:

Contact Information
Inclement Weather
Non-Smoking Policy
Consent for Services
Insurance Coverage
Financial Agreement/Authorization for Billing and Payment of Services
HIPAA Release of Information and Authorization
Authorization for Photos and Visual Media
Parental Responsibilities
Patient Attendance Policy
Illnesses
Medical Release Form
Notice of Privacy and Practices

Child's Name:____

Parent Signature:____

Printed Parent Signature:____________________________Date:____________

Please return this signed page to the front desk acknowledging you have read and received the Dynamic Therapy Center Parent/Caregiver Handbook. Thank you!