

Active Point Health Practice Policies

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours. The cancellation fee for an under 24 hour cancel is \$25. If your provider arrives at the agreed upon location of treatment and you refuse service, a cancellation fee of \$50 will be applied. There may be circumstances in which these fees can be waived, which will be reviewed on a per-case basis.

There is no standard meeting time for services, as meeting times vary by service type. Sessions will never go longer than 60 minutes, unless arrangements have been made with your provider. You as a client have the right to end the session at any time, for any reason. However, once a session is started, you as a client will be responsible for payment of the entire session. A session will be considered "started" when your provider enters the location of treatment (i.e. your home.)

Cancellations and re-scheduled sessions may be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. Cancellations may be made via phone call, voicemail, text messages, or email.

PAYMENT

All payment is due at the time of service, unless other arrangements have been made with your provider. You will be held liable for any outstanding payments or refusal to make payment. Payment methods include: credit/ debit card through the patient portal, Venmo, Zelle, Cashapp, or cash. HSA/FSA cards are eligible to be used if payments are made through the patient portal. We do not accept checks. If you are utilizing a subscription or package deal, the entirety payment is due at the first session, unless otherwise discussed with your provider. All payment is final, no refunds.

All sessions within a 10- mile driving residence will not incur an additional travel fee. To maintain your provider's privacy, the location used to determine distance will be the Hoffman Estates Police Station. For services provided outside of the 10- mile driving radius, a small travel fee will be applied. The amount of this fee will be provided to you prior to your session. A travel fee will never be more than \$10 per session.

We do not accept insurance, all services are cash- pay. For physical therapy sessions, we will provide you with a "superbill," which you can submit to your insurance for potential reimbursement. We cannot guarantee any reimbursement from your insurance company, as that will be between you and your insurance provider. We may provide additional documentation to you upon request if required by your insurance.

LOCATION OF SERVICES

You as a client may decide the location in which your services take place. While most clients will choose to have sessions take place in their home, you may ask your provider to provide services at different locations. Potential locations include, but are not limited to, fitness center, health club, athletic field, place of employment. You as the client are responsible for any additional fees that may occur to allow your provider access to your



selected location. An additional travel fee may apply depending on the provider's distance from the selected location. We ask that you provide your provider with instructions for parking and accessing your home. Please have an area in your home where your provider can set up a therapy table to be used during your session. It is your responsibility to ensure that pets or other people in the home will not interfere with your session.

MEDIA

Your provider may take videos or pictures during your sessions for use of marketing and/ or education to be posted on our website and social media pages. Your signature on this form will act as formal consent, however your provider will also obtain verbal consent prior to filming, taking pictures, or posting on our website/ social media. Your provider will honor your request to deny. If an image or video is used for education or marketing purposes, you have the right to ask to have it taken down for any reason, and your request will be honored.

If you as a client are satisfied with the services provided, we encourage you to write a review on Google and/or Facebook, as it helps us build a positive reputation within the community. Reviews may be posted on our website or social media for marketing purposes. Your identity in our posts will be defaulted as "first name, last initial," but you may request to be shown as "anonymous". Requests to remove reviews from Google or Facebook that are posted on our website or social media will be honored.

You are required to notify your provider if they are being audio or video recorded during your sessions. This includes recording from security cameras or pet cameras that may be present on your property. Doorbell cameras do not apply. Failure to notify could result in legal action.

TELEPHONE ACCESSIBILITY AND ELECTRONIC COMMUNICATION

If you need to contact your provider between sessions, please send them a text, email, or leave a voicemail. Your provider may be not immediately available; however, they will attempt to get back to you within 24 hours. If a true emergency situation arises, please call 911 or go to any local emergency room.

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While your provider may try to return messages in a timely manner, we cannot guarantee immediate response. You may use these methods of communication to discuss therapeutic content at your own discretion. If you and your provider chose to use information technology for some or all of your treatment, you need to understand that:

- 1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- 2. All existing confidentiality protections are equally applicable.
- 3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- 4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- 5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date



information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to treatment, better continuity of care, and reduction of lost work time and travel costs. Effective treatment is often facilitated when the healthcare provider gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. The provider may make assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in services, potential risks include, but are not limited to the provider's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the provider not being aware of what they would consider important information, that you may not recognize as significant to present verbally to the provider.

MINORS

If you are a minor, your parents may be legally entitled to some information about your treatment. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Your provider may terminate treatment after appropriate discussion with you, and a termination process will proceed if we determine that the treatment is not being effectively used, or if you are in default on payment. Both you and your provider hold the right to terminate services at any time, for any reason. Your provider will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, we will provide you with a list of qualified providers to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.



| Signature of Client or Legally Authorized Person (Including parent or guardian if patient is under 18) | Date |
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| Printed Name of Client or Legally Authorized Person (Including parent or guardian if patient is under 18) | Date |
| Signature of Physical Therapist | Date This form went into effect on 02/24/2025 |