



## CONSENT FORMS

Child's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

### CONSENT FOR TREATMENT OF A MINOR

As a parent and/or legal guardian, I authorize Motivated Kids Therapy to evaluate and/or treat my child/minor.

### CONSENT FOR BILLING

I understand that I am responsible for all charges incurred for therapy services provided for my child. I understand that Motivated Kids Therapy bills my personal insurance as a courtesy and that I am responsible for that bill. I am responsible for keeping Motivated Kids Therapy up to date on any changes to my plan or policy.

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received the Notice of Privacy Practice notice that describes, in accordance with the HIPAA Privacy Regulations, how Motivated Kids Therapy may use and disclose my child's protected health information to carry out treatment, payment or healthcare operations, and for other specific purposes that are permitted or required by law. The notice also describes my rights and Motivated Kids Therapy's duties with respect to protected health information about my child. \_\_\_\_\_

Initial

### CONSENT FOR PARTICIPATION WITH THERAPEUTIC EQUIPMENT

Intervention programs with Motivated Kids Therapy may include various specialized equipment including swings, bolsters, therapy balls, climbing structures, tactile media (such as play dough, lotion, shaving cream, putty, etc.) and a variety of other activities that involve fine, gross, and oral motor coordination. Motivated Kids Therapy will make great efforts to ensure each child's safety. I am aware of the inherent risk of this type of activity, and I give permission for my child to participate in therapy.

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of an emergency and if I am not present and cannot be reached at the phone numbers provided on my child's information form, I understand that Motivated Kids Therapy will call 911 or other appropriate medical personnel. I give permission for Motivated Kids Therapy to consent to the medical treatment recommended by the licensed physician or dentist under the provisions of the Medical or Dental Practice Act. I understand that Motivated Kids Therapy will not be liable for any first aid treatment, medical, medications, or surgical procedures rendered pursuant to this consent.

### CONSENT FOR MEDIA FOR USE AT MOTIVATED KIDS THERAPY AND FOR EDUCATIONAL PURPOSES

Therapists often use media including video and photographs to help monitor and document progress and areas of concern. Media may also be used for educational purposes. This may include courses, seminars or workshops that therapists attend or present. I give permission for my child to be videotaped and/or photographed as part of his/her therapy program and or educational purposes.



**CONSENT FOR COMMUNICATION**

In the event in which Motivated Kids Therapy or your occupational therapist must contact you for the purposes such as appointment reminders or to give/receive other information, efforts are made to preserve confidentiality. Please notify us how you would like us to reach you, check all that apply:

- Home Phone:  OK to leave message  leave message
- Cell Phone:  OK to leave message  OK to leave text message
- Written Communication  Okay to mail to address
- Email to: \_\_\_\_\_

**LIABILITY WAIVER & RELEASE**

In consideration of Motivated Kids Therapy’s promise to provide treatment and therapy, I, (Parent or Legal Guardian) \_\_\_\_\_, for myself, my heirs, and assigns, hereby release Motivated Kids Therapy from any claims, demands, and causes of action arising from my child’s participation in the therapy program. I hereby forever waive, release, and discharge Motivated Kids Therapy, it’s officers, agents, employees, and representatives from any and all claims or liabilities for injuries or damages to my child arising out of or connected with my child’s participation in Motivated Kids Therapy’s services. In the event that a Court determines that I do not have the authority to sign such rights away on behalf of my minor child, I agree to indemnify and hold harmless Motivated Kids Therapy, it’s officers, agents, employees, and representatives and I agree to pay any legal fees and costs resulting from such suit. Such consideration is in addition to any other consideration provided and is not exclusive.

**AGREEMENT TO ARBITRATE DISPUTES**

I agree that any and every dispute, claim, or controversy arising out of or relating to this agreement and/or services provided to me or my child by Motivated Kids Therapy be resolved by binding arbitration. This includes, but is not limited to the determination of the scope or applicability of this agreement to arbitrate. arbitration shall be conducted in Clark County, Nevada, in accordance with the laws of the state of Nevada. The arbitrator shall be chosen by mutual agreement of the parties. The arbitrator shall apply state or federal law, or both, as applicable to the substantive claims asserted, shall have the authority to oversee the discovery process, to hear and rule on pre-hearing disputes, to conduct the hearing, to receive evidence, and to award any remedy that could be awarded which would be available in a court sitting in the jurisdiction under the relevant law.

**I ACKNOWLEDGE THAT I AM KNOWINGLY WAIVING MY RIGHT TO A JURY TRIAL IN FAVOR OF BINDING ARBITRATION FOR ANY DISPUTE I HAVE WITH MOTIVATED KIDS THERAPY. \_\_\_\_\_(Initial)**



## Consent for Release of Information

I (Parent or Legal Guardian) \_\_\_\_\_ give permission for Motivated Kids Therapy to share information about (Child) \_\_\_\_\_. By signing this form, I authorize Motivated Kids Therapy LLC to release necessary and pertinent information to the agencies listed below (i.e. physicians, case managers, insurance companies, Medicaid, school, and therapists) as needed for my child. Information may include but is not limited to evaluation reports, progress notes, and/or current goals. In addition, I authorize Motivated Kids Therapy LLC to obtain pertinent information about my child including but not limited to reports, evaluations, and/or pertinent medical information about my child.

Agency/Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Agency/Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Agency/Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Agency/Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**By signing below, I acknowledge that I understand all terms discussed in this entire document, that I have been given an opportunity to ask questions, and that I freely agree to these terms and conditions.**

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Date