



Phone: 337-362-1956

Fax: 337-270-3399

Email: FaithTherapeutics@faiththerapeutics.org

# **Client Handbook**

**Keep this section for you records** 





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#### **Statement of Assurance**

We will work to the best of our abilities to help the client progress, but due to the nature of developmental delays, no guarantee or assurance of "cure" or "recovery" for any client can be made. Treatment outcomes may vary per client. Research shows that Applied Behavior Analysis (ABA) therapy is most effective therapy for most individuals with autism and related disorders and other developmental delays. Please note that improvements from one individual to another may vary. We will strive to do our best to bring out the best in you/your child.

#### **Therapy Admission**

A **consultation** and **assessment** must be conducted for all new clients, <u>prior to services</u>, and can be arranged by contacting our office for an appointment. All clients/parents/guardians must complete <u>all</u> required forms **before** services begin.

#### **Waiting Area**

The lobby/waiting area provides a place for clients, parents/guardians and visitors to wait until their scheduled appointment time. All clients should remain in the waiting area until a staff member calls the client back for the appointment. We have a strict confidentiality policy and are required to abide by HIPAA compliance for client privacy. This will limit that amount of access that our clients have to therapy areas. Compliance with all staff request is appreciated.

#### **Attendance**

Attendance for scheduled sessions is expected due to the nature of our business for staffing and scheduling of clients, along with disrupting the progress of your/your child's therapy. Students will be given their full time and treatment as scheduled. If you will not be attending for reasons such as illness, emergency, or ANY other reasons, you MUST contact the office and leave a message with office staff or on the answering machine. Please leave a message stating the client's name, date of services, and reason for absence. If the office is not notified prior to the appointment, \$60.00 fee for each day may be charged for missed appointment(s) (Insurance Clients: it will be added to your bill but NOT billed to your insurance company). We reserve the right to charge for missed appointments if no attempt to notify the center of your absence, in order to keep our business running.



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#### **Arrival and Dismissal**

We ask that all clients arrive prior to the designated appointment time and wait for the therapist or office staff to receive the client and escort them to the therapy room so that therapy sessions can begin on time. For HIPAA reasons, parents/guardians are not permitted to enter the therapy area or business office without notifying the receptionist or office staff. In addition to remaining in the waiting area, parents/guardians must sign the client in upon arrival and sign them out when the session is finished. We ask that goodbyes be made quickly in order to avoid behavioral issues.

#### **Discontinuation of Services**

If parents/guardians need to discontinue services for any reason, you must contact our office.

Clients/Parents/Guardians will be responsible for any unpaid balances due. Should a client miss more than five (4) sessions <u>without</u> notifying our office, we have the right to place another client in the time slot allocated for you/your child. In order to provide services to those in need, steady flow predictable flow of clients is a must. Remember, it is important to keep communication with our office staff for any time away from the center.

#### **Medication**

We will allow parents/guardians to administer medication to students (as prescribed by physician or an OTC that is needed for the client to make it through the session), and **only if necessary**. However, it is strongly recommended medicines be administered <u>before and after therapy hours</u> to prevent interruptions in instruction and programming.

We ask that parents/guardians informed our staff immediately of ANY changes in medication, new therapies, or discontinued medications. This may be very important for you/your child's program.

#### **Program Fees and Cost**

Cost of services for non-insurance clients, and all co-pays and/or co-insurance fees for insurance clients are to be paid daily. Should you need to make weekly or bi-monthly payments, you MUST meet our staff and have them prepare a written agreement stating so.

OCDD clients are expected to pay as soon as you are reimbursed by OCDD, usually within 30 days. OCDD and clients will receive a monthly statement for services at the beginning of each month for the prior month.

Private pay clients will be billed on a semi-monthly basis. Should your account become over 30-45 days past due, we reserve the right to put your/your child's sessions on hold until payment is collected.

Insurance based clients are responsible for checking all your deductibles, co-payment, and co-insurance payments due PRIOR to services. As a courtesy, we will verify benefits with your insurance company prior to services, but note that it is NOT a guarantee of payment by your insurance company. Ultimately, the client is responsible if the insurance does not pay. We will do our best to work with your insurance company for reimbursement and will allow up to 60 days for reimbursement. After 60 days, client will be responsible for dates of service, over 60 days, which insurance has not paid.

Should your insurance reimburse us afterwards, a credit will then be applied to your account or we will reimburse you. It is in your best interest to follow up on any unpaid claims. After 60 days, client may choose to discontinue services until insurance begins paying OR the financial responsibility will fall on the client until insurance begins to pay. We will do our best to work with you and your insurance company for reimbursement.

### **Emergency Center Closings**

Emergencies do occur, and in extreme cases, the center is required to close early. During the school year, we advise parents/guardians to listen to the radio and television stations for information about school closings in Evangeline Parish. Generally, but not always, we will follow Evangeline Parish school closures. Please contact our office if such closures arise. We will contact all parents/guardians of closures as soon as a decision for closure is made by management. We must have an emergency number (included on enrollment forms) to contact the person responsible for picking the student in case of a weather emergency. Client accounts will not be charged for missed appointments due to emergencies that require the center to close.

#### <u>Lice</u>

Any clients exposed to lice must stay away from the center until all lice is removed and cleared from the head. State laws require students with lice be excluded from the center until the client has been treated and all nits removed from the head. Under no circumstances can a student, who has been sent home with lice, be allowed to return to the center the next day. Should you suspect your child was exposed to lice while at the center, Faith Therapeutics shall not be held liable.

#### **Illness**

If a client becomes seriously ill or is seriously injured, emergency treatment will be sought at the nearest available hospital. It is imperative for each parent to leave at least two emergency telephone numbers on the admission forms where he/she can be reached in case an emergency should arise. Cell numbers are recommended as emergency numbers.

Parents will be contacted to pick up students who become ill during treatment sessions. In an attempt to prevent exposure to others, students **must** be picked up as soon as possible. Any student running a temperature more than 100.00, two or more bouts of diarrhea within one hour, or exhibiting any serious symptoms of any illness or injury will need to be picked up immediately and should be symptom free for 24 hours before returning. Students with fever, diagnosed with any illness or virus, suspected or diagnosed with pink eye, strep throat, flu, stomach virus, etc., should remain at home and be symptom free for 24 hours before returning to our center. Parents must inform us of the absence to avoid a charge to your account for the missed appointment.

Should a client miss sessions due to illness or for any reason, sessions may be rescheduled should our schedule allow. Should a client miss a session without notifying the staff, makeup session(s) will not be available.

Should you suspect your child was exposed to a communicable illness or pink eye while at the center, Faith Therapeutics shall not be held liable.

#### **Accidents and Injury**

Faith Therapeutics and/or any of our staff are not liable for any injuries or illnesses individuals receive at our center by either the staff or another individual. Individuals with developmental disorders, behavior and language disorders display certain behaviors that can lead to injury of self or others. Our staff is trained to work with these types of behaviors, but accidents can and do happen even when due care and diligence is exercised

#### **Legal Custody or Other Court Orders**

It is the responsibility of the parent/guardian to inform us if there is a legal custody or court order (such as a restraining order) regarding other parent/guardian. Furthermore, the parent/guardian must provide a list of people authorized to pick up the student from the center, as included in our admission packet. (It is parent/guardian's responsibility to notify our staff of any changes while student is attending).

#### **Child Abuse Policy**

Louisiana Revised Statute 14:403 requires anyone who works with children to report any suspected cases of neglect or abuse, physical or mental. This extends to all employees of Faith Therapeutics.

#### **Damage to Property**

Clients/Parents/Guardians will be held responsible for any damage to Faith Therapeutics property caused by them/their child. Clients/Parents/Guardians will be responsible for reimbursement and repairs at reasonable cost, if deemed necessary.

#### Harassment, Intimidation, and Bullying Policy

Faith Therapeutics will not tolerate any harassment, intimidation, or bullying of any kind by/to client, staff, parent/guardian, or visitor on the property. Management will investigate any reported incident of harassment, intimidation, or bullying. Should the investigation determine an incident has occurred; the individual involved shall be disciplined in accordance with this policy which may include discontinuation of participation in the program, in serious cases.

#### **Conferences and Parent Involvement**

Communication with parents is extremely important, and we want to be certain to keep these lines of communication open. Please note that our staff cannot stop consulting with you about your child during session times. A conference can be scheduled in advance by contacting our office. Please schedule an appointment if you feel necessary.

#### **Bags**

A book bag or some type of bag should be brought with clients to the center EACH session to keep communication notebooks, diapers/pull-ups (if need), change of clothes, medications (if needed, such as inhaler), reinforcers or snacks, ETC. Parents/guardians are asked to put the client's initials on all items in the book bag, as well as the book bag itself.

#### **Concerns/Complaints**

Any concerns/complaints about the services, staff, or property of our center should be addressed and discussed with a member of our management team. We welcome all input on our facility and operations. We will make every reasonable effort to correct, improve, or terminate any practice or policy that proves to be disruptive, harmful, or unsatisfactory to our center and/or clients.

#### **Holiday Closures**

Faith Therapeutics will be closed on the following holidays: New Year's Day, Mardi Gras, Good Friday, Easter, Memorial Day, Labor Day, Thanksgiving, Black Friday, Christmas Eve, and Christmas. Prior to each holiday, the center will post reminders in our lobby. Makeup sessions may be made up ONLY if our scheduling allows. Makeup appointments need to be scheduled in advance, at least one week prior to appointment day wanting to schedule the session.

# **Late or Absence Policy for Faith Therapeutics**

At Faith Therapeutics, we're committed to providing your child with the best and most consistent care possible. To help us do that, we ask families to follow our policy for missed or late appointments.

#### **A General Guidelines:**

- Please give at least one week's notice for absences when possible.
- If your child is sick or there's an emergency, let us know as soon as you can.
- You can leave a voicemail 337-362-1956 after hours or email us at Faiththerapeutics@Faiththerapeutics.org
- Frequent last-minute cancellations or no-shows make it hard to provide consistent care, so we strictly enforce this policy.

# No-Call/No-Show or Late Without Notice:

If you do not contact us about being late or missing an appointment, here's what happens:

| Number of Missed/Late Appointments | What Happens                            |
|------------------------------------|---|
| 1st time                           | Friendly reminder of the policy         |
| 2nd time                           | Verbal reminder from your child's BCBA  |
| 3rd time                           | Written reminder and a meeting with the |
|                                    | BCBA                                    |
| 4th time                           | Your child may lose their spot and be   |
|                                    | placed back on the waiting list         |

## **Page 19** Important Notes:

• All missed or late appointments are documented.

We understand that life happens! If something unexpected comes up, just let us know as soon as possible, and we'll do our best to work with you.