

**Clinic:** Grayslake, IL

**Gymnastics:** Gurnee, IL

**Aquatic:** Pleasant Prairie, WI and Grayslake,IL

**Home/Dayschool**

**847-548-3458**

[**www.therapeuticlinks.com**](http://www.therapeuticlinks.com/)

**Telehealth Terms and Conditions**

Thank you for taking part in our Telehealth program! We are excited to share our innovative method of delivering the same high quality services that we’ve been committed to providing since 2002. Please note that throughout the program, all sessions will be recorded for company training use only. Your privacy is very important to us and your information will never be shared outside of our organization without your consent. Additionally, sessions may be occasionally observed by a supervisor to ensure a high quality of services provided. All telehealth services will be provided through a HIPAA compliant platform.

**I understand that I am financially responsible to pay $30/ 30 minute sessions and $60/ 60 minute sessions if not reimbursed through insurance.**

**I understand that**

* **Telehealth services are an out of pocket expense of $30 for 30 minutes or $60 for an hour.** 
  + If you have insurance, we will be submitting a claim to your insurance company with the understanding that it may or may not be covered.
  + If it is covered through your insurance, and a copay is processed, the money you have paid as an out of pocket expense, will go towards your co-pay. If your co-pay is less than the amount you paid, you will have the potential for reimbursement, however the date of reimbursement will be determined. Or the additional amount you paid will be credited to your next service.
  + If your insurance denies the claim, no further action is needed as you paid the out of pocket rate.
* Whether your insurance policy covers OT via ‘TeleHealth’ or not, Therapeutic Links will set a limit of no more than 2 sessions per week per client.
* OT via ‘TeleHealth’ will be put on hold after 3 sessions if payment is not received.

**By signing or electronic signature, you agree to Therapeutic Links’ Telehealth Terms and Conditions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Caregiver Signature Date

**Additional Permissions**

I grant permission and consent for Therapeutic Links to use photos and videos from our session for the following purposes: (please check all that apply)

𝤿 To train and educate other families receiving therapy

𝤿 To be used on social media and other online platforms to better promote our telepractice program.