

# All Aboard Pediatric Therapy

## Parent Handbook

### Welcome

Welcome to All Aboard Pediatric Therapy, where we strive to be a unique team of highly-trained therapists with diverse talents and gifts. Our mission is to work hand in hand with families, provide quality therapy, and enable children to get on the right track and succeed!

### Services

All Aboard Pediatric Therapy offers occupational therapy, physical therapy, and speech therapy for children ages birth through 21 years.

### Numbers to Remember

**479-445-6800 (phone)**

**479-445-6816 (fax)**

### Hours of Operation

All Aboard Pediatric Therapy is open from 8:30 AM to 5:30 PM Monday through Thursday and 8:30 AM to 12:30 PM on Friday. Other appointment times may be contingent on therapist availability. We provide services every weekday except for the following: New Year's Day, Fourth of July, Thanksgiving Day, Christmas Day, Memorial Day, and Labor Day.

### Location

**5230 Willow Creek Drive, Suite 101**

**Springdale, AR 72762**

### Non-Smoking Policy

Because of state health laws regulating smoking, as well as fire and safety consideration, this clinic is a non-smoking environment. This policy applies not only to the act of smoking, but also to the possibility of allowing others to come in contact with second-hand smoke.

### Inclement Weather Policy

We will be closed if the University of Arkansas closes. Otherwise, please call the clinic to determine whether we are open. **If you are unable to keep an appointment due to weather conditions, please notify the clinic as soon as possible.**

### Parent Roles and Responsibilities

Your family's involvement and commitment to your child's therapy program is critical for his or her development. We view you, the parent, as our partner in helping your child grow and develop optimally. In order for our partnership to be effective, we both must have clear roles and expectations. Our role is to provide the most comprehensive, high quality services for your family.

In your role as parents, we expect the following:

- Regular attendance
- Supportive environment
- Appropriate handling of illnesses
- Parent participation in home programs
- Keeping our office notified of changes in important information (address, phone, child's behavior changes at home or school)
- Notifying clinic or therapist if someone else will be picking your child up from therapy

### Supportive Environment

In order for our therapy to be effective, it's important to ensure that the child's environment is safe and well organized. The focus of the therapist and parent needs to be on the child receiving services, therefore, to maximize our time together please ensure the following:

- Child receiving therapy should be awake, clothed, diaper changed and recently fed unless otherwise described within your plan.
- For privacy reasons, we ask all parents to remain in the waiting room (rather than come into the therapy area). If you would like to watch part of your child's therapy session, please talk to your therapist and he/she will make the appropriate accommodations.
- Siblings must remain in the waiting room with a parent during therapy sessions.

- **If your child has a food allergy, please let us know!**

## **Home Visiting Policy**

All Aboard Pediatric therapists may provide home health services and daycare services, as schedules allow, and depending on the health and safety of the home (see "Home Safety Report" form if this applies).

## **Attendance Policy**

Please contact our office at 479-445-6800 if your child is unable to attend his regularly scheduled therapy appointment. **Cancelled appointment notifications must be made 24 hours in advance or before 7:00am on the day of the scheduled appointment, with the exception of emergencies and unforeseen illnesses.** All requests for changes in your child's therapy schedule will need to be discussed with your child's therapist.

The following definitions and procedures apply to all attendance topics.

- **No Shows:**

*Definition:* A no show is any missed appointment without a phone call to cancel the appointment(s) a minimum of **24 hours in advance or before 7:30am** on the day of the scheduled appointment.

*Procedure:* No Shows are appointments that are not made up and/or re-scheduled. They are missed appointments. **After three no show appointments, your child will be taken off of the therapy schedule and placed on a waiting list.**

- **Cancellations:**

*Definition:* A cancellation is any appointment canceled by phone or in person **24 hours in advance or before 7:30am** on the day of the scheduled appointment. An appointment that is rescheduled does NOT count as a cancellation.

*Procedure:* If your child's attendance rate falls below 75%, there is a possibility that your child's therapy time may be offered to another child on our waiting list. Families who are planning to be absent for greater than 2 weeks will be removed from their treatment schedule, unless previously arranged with your therapist. **It is our policy that if you fail to cancel a scheduled appointment within the designated time frame, you will be charged a \$25.00 fee for the missed appointment. If your child misses more than one therapy, you will be charged this fee for each hour.**

**Please Note: Therapists are only paid when child is present.** Due to limited scheduling availability, we ask that all patients attend their scheduled treatments. When an appointment is applied to our schedule, that time is reserved to meet your child's needs. We work hard to accommodate each of our patients. Continuous neglect to follow the regulations stated in this policy could lead to termination and/or change of status to your remaining treatments and/or sessions. Thank you in advance for your understanding and cooperation in this matter.

- **Late arrivals/Pick-ups**

*Definition:* A late arrival occurs any time the child is more than 10 minutes late for their scheduled appointment. If the appointment is scheduled for 3 p.m., and you arrive at 3:11 p.m., you are considered late. It is also necessary that you pick your child up on time, as to not interfere with another child's therapy appointment.

*Procedure:* If your arrival or availability time is 10 minutes or more after your scheduled appointment time, your therapist may have been reassigned to another child's care and your appointment may be canceled. If you are unsure about whether you can arrive or be available within this time frame, call the clinic and/or therapist to inform them you are running late. Your therapist will determine whether you should reschedule the appointment. A consistent pattern of late arrivals and/or pick-ups will result in a review of your services and possible cancellation of services from All Aboard Pediatric Therapy. **We feel the allotted time for your child's treatment is necessary for adequate rehabilitation of their condition.**

### **All Aboard Therapist- Cancelled Appointments:**

If for any reason one of our therapists needs to reschedule or cancel an appointment with you due to unforeseen circumstances (i.e. illness, weather, etc.), you will be notified as soon as possible.

Rescheduled appointments will be coordinated and provided based on the individual therapist's schedule and clinic's staffing availability.

### **All Aboard Therapist Personal Time Off & Training:**

Our licensed therapists are professionals who adhere to ethical standards and our scope of practice. If our therapists have scheduled personal time off and/or time away from the clinic for community, educational or informational sessions, we will attempt to notify you at least two (2) weeks prior to your appointment time. Canceled appointments based on personal time off and/or education may be

rescheduled, cancelled and/or coordinated with substitute therapists based on the individual therapist's schedule and clinic's staffing availability.

## **Substitute Therapist**

Alternate therapists may provide care due to a primary therapist's illness, vacation or scheduling conflict. All therapists covering an appointment will have access to your child's record. We believe your child's treatment is of the utmost importance, so we ask that you plan to attend appointments even when your regular therapist is not available.

Since we are a teaching facility, we may occasionally have student therapists observing and/or working with your child, under supervision.

## **HIPPA**

The federal government has enacted a law called the Health Information Portability and Accountability Act. The law's intent is to protect confidential patient records. You will be asked to sign paperwork related to this law on your first visit to the clinic. A handbook explaining your rights under HIPAA is available in the clinic, and we are happy to answer any questions you might have about this law.

## **Grievance Policy**

If you have an issue or concern, we encourage you to speak directly with the staff person involved. We believe that is usually the best way to solve a problem. However, if that doesn't work, you may request to speak with our grievance officer.

## **Insurance**

All Aboard Pediatric Therapy will provide financial counseling. Our office staff is here to work with you and the clinical staff on issues concerning insurance coverage for your child's treatment. It is primarily your responsibility to know your insurance benefits and provide information to our staff on policy requirements in a timely fashion, including any changes to your coverage. While we cannot assure your child's care will be covered, we will do all that we can to assist you in this process. Care will not be denied based on lack of funding, however you may have out-of-pocket expenses. Our staff will be happy to sit down and make payment arrangements as necessary. You will be asked to decide if you would like to continue your child's care. This decision is solely up to you. For those qualifying, there may be funds available to assist with the payment of your child's care. Ask your therapist for information on this program. Our clinic will be happy to assist you with your application. If you have questions or concerns regarding your insurance, or need assistance, please contact your therapist.

**It is the parent(s)/legal guardian responsibility to inform All Aboard Pediatric Therapy of any and all changes in insurance information, including group policy number, identification number, phone numbers, address, etc. as soon as possible. Failure to do this could result in total patient responsibility for charges incurred.**

## **Use of Pictures**

Our clinic may occasionally video tape, audio tape and/or photograph therapy sessions. **Please be assured we will seek your permission first and have you sign a release form before we use photographs for anything other than part of your child's documentation.**

## **Illness**

For the safety of other children and our staff, please do not bring your child to therapy if your child is ill. If your child is ill, please call the clinic to cancel your appointment as soon as possible. Below are guidelines to assist you in deciding whether your child should attend the appointment.

**PLEASE NOTE: IF A CHILD ARRIVES AND/OR IS BROUGHT TO All Aboard Pediatric Therapy AND IS BELIEVED TO BE ILL AND/OR CONTAGIOUS, THE PARENT WILL BE CONTACTED IMMEDIATELY. THE PARENT WILL BE RESPONSIBLE FOR PICKING UP OR MAKING THE ARRANGEMENTS FOR PICKING UP THE CHILD AS SOON AS POSSIBLE.**

### **Children should be kept at home when they meet the following exclusion criteria:**

- Rectal temperature of 101.4 or higher, ear/oral temperature of 100.4 or higher or underarm temperature of 99.4 or higher, in the past 24 hours.
- Conjunctivitis ("pink eye"), redness of the eye and/or lids, usually with yellow discharge and crusting.
- Bronchitis, which begins with hoarseness, cough, and a slight elevation in temperature. The cough may be dry and painful but gradually becomes productive.
- A rash you cannot identify which has not been diagnosed.
- Impetigo: red pimples, which become small vesicles surrounded by a reddened area. When blisters break, the surface is raw and weeping. Look for signs in neck creases, groin, underarms, face, hands, or edge of diaper.

- Diarrhea three or more times within 24 hours (watery or greenish BM's that look different and are more frequent than usual).
- Vomiting within 24 hours (more than usual "spitting up").
- A severe cold with fever, sneezing, and nose drainage.
- An unknown illness without obvious symptoms other than unusual paleness, irritability, tiredness, or lack of interest.
- A contagious disease, including measles, chicken pox, mumps, roseola, strep throat, etc.

While we regret the inconvenience caused by strict adherence to these guidelines, our concern for all the children dictates a very conservative approach when dealing with health matters.

## **When a Child Can Return**

### **After an Illness:**

Usually a child can return to the clinic under any of these circumstances:

- The child's has been fever free for 24 hours.
- The child has been diagnosed as having a bacterial infection and has been on an antibiotic for 24 hours.
- It has been 24 hours since the last episode of vomiting or diarrhea.
- The nasal discharge is not thick, yellow or green.
- Eyes are no longer discharging or the condition has been treated with an antibiotic for 24 hours.
- The rash has subsided or a physician has determined that the rash is not contagious. **Physician documentation is required.**

## **Emergency Information**

It is important to keep your child's information in our files up-to-date at all times. Please be sure that the following information is at the Clinic and is current:

- Child (Name and birth date, )
- Parent/Guardian (Name, home address/phone, work address/phone, cell phone)
- Physicians (Name, address, and phone)
- Medical changes (Allergies, medications, conditions)

## **Emergency Procedure**

In the event of an injury or medical emergency, trained staff will immediately administer first aid and notify parent. If the condition is serious, All Aboard Pediatric Therapy will call 911 for an EMT response or will transport the child to a hospital Emergency Room.

## **All Aboard Pediatric Therapy Forms & Important Information**

The following forms will be supplied by your therapist and are required prior to your child's evaluation/ first treatment session. Please bring the following completed forms to your child's first session:

### **Patient Information**

#### **New Patient History**

#### **Acknowledgement of Notice of Privacy Practices**

#### **Authorization for Release**

#### **Cancellation Policy & Acknowledgement**

#### **Consent for Billing**

#### **Parent Handbook Acknowledgment (last page of this document)**

## **Thank You**

**Thank you from all of us here at All Aboard Pediatric Therapy.** We are pleased you selected us to provide services for your child and look forward to working with you and your child in the future.

## **Parent Handbook Acknowledgement**

***Please initial that you have read and agree to the following:***

- Non-smoking policy
- Inclement weather policy
- Parent roles and responsibilities
- Supportive environment
- Home visiting policy
- Attendance policy
- Substitute therapist
- HIPPA
- Grievance policy
- Insurance
- Use of pictures
- Illness
- When a child can return
- Emergency information
- Emergency procedure
- AAPT Forms and Important Information