



Together, we can do anything.

Welcome to CRCC Therapy Center! CRCC personnel value the opportunity to work with you and your child. Our team of pediatric Physical, Occupational, Speech and Feeding/Swallowing Therapists are dedicated to providing the highest quality of comprehensive therapy customized to meet the needs of your child.

Please read through the Therapy Expectations below for information on initial evaluations, attendance, family involvement and illness. In addition, several forms need to be completed prior to your child's evaluation or before your arrival. Please do not hesitate to contact our office at 402-895-4000 if you have any questions.

Thank you and we look forward to working with the individual needs of your child.

Therapy Expectations

- CRCC appreciates your arrival 15 minutes prior to your child's initial evaluation to ensure all necessary forms are completed prior to your scheduled start time. Please arrive prepared with your child's potential needs for the duration of the appointment. This may include diapering supplies, nutrition, medical supplies, and adaptive equipment or the session could be rescheduled at the discretion of the therapist.
- Typical evaluations are 60-90 minutes and treatment sessions are 30-60 minutes.
- We respectfully ask that distractions are kept at a minimum during the evaluation period to best complete testing and parental interviews.
- We encourage family involvement in the treatment of your child. CRCC therapists will regularly invite you to observe, participate, and receive instruction in therapy sessions with your child.
- To ensure the best possible session for your child, adult supervision is required for any sibling in attendance of the therapy session. Siblings may not use therapy equipment and parents are required to be onsite during scheduled treatments and evaluations.
- Appointments should be cancelled as soon as you realize you cannot attend per the "No Show" and Cancellation Policy outlined in the Service Agreement. In the event that you are going to miss more than half of your scheduled appointment, CRCC may ask you to reschedule to provide a more valuable length of treatment.
- Children and parents should not attend if either are ill and should reschedule once they are feeling better and all contagious symptoms (i.e. rash, fever, vomiting and/or diarrhea) have been gone for at least 24 hours.

Sincerely,
The CRCC Therapy Team

Therapy Services Agreement

Client's Name: _____

Client DOB: _____

Consent to Treat

I hereby give Children's Respite Care Center Therapy Center consent to administer the following services:

____ Physical, Occupational, Speech and/or Feeding/Swallowing Therapies as ordered by my child's physician.

Payment of Therapy Services

As a courtesy, CRCC will assist families in verifying insurance benefits related to therapy services. However, it is your responsibility to know and understand your healthcare benefits, as well as your financial responsibility regarding co-payments and deductibles and co-insurance. If your claim processes differently from benefits quoted, please understand the insurance company may not honor the quote and you will be responsible for any additional charges.

If your therapy services are covered under Medicaid or private insurance, CRCC will bill them directly. You will be responsible for your portion along with any unpaid or denied charges due to benefit coverage. Any unpaid balance is due upon receipt of a statement from our office. Please contact CRCC immediately should you have any questions or if there are any changes to your child's insurance carrier or benefits.

____ I understand that I am financially responsible for the costs incurred for services rendered. If Medicaid, private insurance or other third party payer refuses to pay due to benefit coverage, you are responsible for the unpaid balance. If my child's outstanding balance exceeds \$250, services may be put on hold until payment has been received or a payment plan is arranged.

Therapy "No Show" and Cancellation Policy

CRCC provides therapy sessions on site. We appreciate an on time arrival for your appointment. Please have the child at the center and ready for therapy at least 5 minutes early (15 minutes early for an evaluation). Progress in therapy can only occur with regular attendance and participation. In the event of needing to cancel an appointment, advanced notice of 24 hours is required, with the exception of illness or emergency.

____ I understand that after the occurrence of 3 no show, or combined 5 no show/cancelled, appointments in a 3 month period may result in the discharge from therapy services.

Mandatory Reporting of Abuse or Neglect

____ I understand that CRCC staff are obligated to follow state laws regarding suspected abuse or neglect of children or dependent adults. Any suspicion of abuse or neglect will be reported to the proper authorities.

Parent/Guardian Signature Parent/Guardian Printed Name Date

Parent/Guardian Signature Parent/Guardian Printed Name Date

CRCC HEALTH AND ILLNESS POLICY

Fever

Children with mild fevers (less than 100 degrees Fahrenheit axillary) may attend the Center if the cause is known and a public health reason for exclusion is not present. Children with undiagnosed sources of fever, or a temperature higher than 100 degrees axillary x2 times, may not attend the Center. Parents whose child develops a fever during the day will be contacted. The child will be sent home if the axillary (taken under the arm) temperature is over 100 degrees Fahrenheit. **After the parent is contacted the child will need to be picked up within 2 hours. Children with a fever may return to the Center after the child has been without a fever for 24 hours, without the use of any fever-reducing medications. If a child is initiated on antibiotics, they may return to the center 24 hours after the start of antibiotics. If a child appears to be ill, and is without a fever, it is at the nurse's discretion whether or not the child may attend CRCC at that time.**

Rashes

Any child with a skin rash will be excluded from care until a physician's diagnosis is made and no health risk to other children is present. Many skin conditions, such as impetigo are highly contagious, and the child must be excluded from care until the proper treatment occurs. An exception to this policy would occur when a child has a previously diagnosed, non-contagious skin condition, such as eczema.

Diarrhea

Diarrhea can be a symptom of many things from allergies to serious contagious illnesses. For this reason, **any child with 2 or more uncontained diarrhea stools** will be isolated immediately and excluded from care until the cause is identified and no risk to the health of other children exists. Depending upon accompanying symptoms, we ask that you keep your child at home for 12-24 hours following the last episode of diarrhea. Contact the charge nurse for an approved return day/time for your child. Children with severe diarrhea may be excluded from the Center, regardless of cause, for reasons of sanitation and limited staff resources.

Vomiting

Vomiting, particularly when associated with other symptoms (abdominal pain, lack of appetite, fever) will be cause for parental notification and exclusion from care until the child has recovered. As a general rule, your child will be able to return to the Center once he/she is tolerating foods and fluids without difficulty —usually 24 hours after the last occurrence of vomiting. In the case of a child with previously diagnosed severe reflux, the decision to exclude the child from care will be made by the nursing staff and will be based upon staffing resources at that time.

Infections

Bacterial or viral infections of the eyes, skin, sinuses, etc. with signs of redness, drainage, or swelling should be properly treated by a physician. Many are contagious and pose a health risk to other children. Therefore, a child with any infection must be seen by a physician for diagnosis and treatment when necessary, and will be excluded from care until the risk to other children is eliminated. In the case of bacterial infection, the child may return to the Center after he/she has been on antibiotics for 24 hours.

**Children's Respite Care Center, Inc
Right to Use Photographic Likeness-
Consent, Waiver of Liability and Release**

I, _____(parent) hereby authorize and grant to Children's Respite Care Center ("CRCC") the right to use photographs ("Photographs") taken of my minor child, _____ at any time and for any purpose relating to the operations of CRCC or the services provided by CRCC, including but not limited to advertising and fundraising purposes.

I relinquish and give to CRCC all right, title and interest in the Photographs, finished pictures, negatives, reproductions, and copies of the original prints and negatives, and further grant CRCC the right to give, sell, transfer, and exhibit the Photographs for the foregoing purposes. I acknowledge and agree that my child may be included in the Photographs in whole or in part, in composite or distorted form, or in reproductions thereof, in color or otherwise, in conjunction with my own or a fictitious name, made and published through any medium including, but not limited to, any printed medium, video, and/or on the internet. The authorizations granted to CRCC herein will not violate any other person's rights. CRCC shall not be obligated to compensate me or my child in any way for any use of the Photographs. I understand and agree that CRCC shall be the exclusive owner of all right, title and interest, including copyright, in works of authorship which it creates and which incorporates the Photographs.

This consent authorizes both any initial and any subsequent publication or disclosure of the Photographs with or without my or my child's identity at any time unless the consent provided herein has been revoked, as set forth below.

I waive any right that I may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith and incorporating the Photographs; provided such use is consistent with the purposes set forth above.

I release and discharge CRCC and its employees, officers, agents and assigns (collectively, the "Released Parties"), from any and all liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking or use of the Photographs, or in any processing toward the completion of any finished product using the Photographs. I further release the Released Parties from any and all liability costs, claims, damages or expenses resulting from CRCC's use of the Photographs as provided herein, or resulting from the unauthorized use of the Photographs by any person.

I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document on my behalf and on behalf of my child.

I understand that the authorizations granted herein shall remain in effect until revoked by me in writing. Any revocation shall be prospective only. Except to the extent that CRCC has taken action in reliance on the authorization granted herein, I understand that I have the right to revoke this consent by giving written notice to Children's Respite Care Center. I understand the Photographs and information related thereto may be subject to redisclosure by CRCC and may no longer be protected by the HIPAA final privacy rule.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS CONSENT, WAIVER OF LIABILITY AND RELEASE BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY MINOR CHILD.

Yes

Parent/Guardian Signature: _____

Date

No

Reason: _____

Authorization for Release of Information

Client's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize the following person or organization to:

Receive Information from CRCC Provide Information to CRCC both Receive and Provide Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

The type and amount of information to be used or disclosed is as follows (include dates where appropriate):

- | | |
|---|--|
| <input type="checkbox"/> Complete records | <input type="checkbox"/> Lab results/x-ray reports |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> Admission or discharge summaries |
| <input type="checkbox"/> IEP/IFSP/IPP reports | <input type="checkbox"/> History/Physical exam (H&P report) |
| <input type="checkbox"/> Consultation reports | <input type="checkbox"/> Psychological or psychiatric evaluation(s) |
| <input type="checkbox"/> PT/OT/Speech therapy summaries | <input type="checkbox"/> Communication related to care and treatment |
| <input type="checkbox"/> Behavioral assessments and/or progress notes | |
| <input type="checkbox"/> Other: _____ | |

I understand that the information in my child's health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

For the purpose of:

- Ongoing communication for specialized care provided by Children's Respite Care Center
- Other _____

I understand that I have a right to revoke or cancel this authorization at any time by sending a letter to the Privacy Officer of CRCC. If I do this, it will prevent any releases after the date it is received but cannot change the fact that some information was sent or shared before that date. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

I understand and agree that this Authorization will be valid and in effect until _____ (one year) unless I choose to revoke it. I understand that after that date, no more information can be used or released to CRCC unless I sign a new Authorization like this one.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed. I understand that any disclosure of information carries with it the potential for an authorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of parent or legal guardian

Date

NOTICE OF PRIVACY PRACTICES OF Children's Respite Care Center



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. Effective: 9-4-03

Version 1

If you have any questions, would like more information, or you do not understand this Notice of Privacy Practices please contact:

Lori Maire- Privacy Officer

5321 S 138th Street

Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your child's medical information is personal and we are committed to protecting it. We create a record of the care and services your child receive at CRCC. We need this record to provide quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about your child. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

We are required by law to:

- **Make sure that medical information about your child is kept private;**
- **Give you this Notice of our legal duties and privacy practices; and**
- **Follow the terms of the privacy notice that are currently in effect.**

How We May Use and Disclose Medical Information About Your Child For Treatment-

We may provide medical information about your child to Doctors, Nurses, Nursing Students, Therapists, Educators or other personnel who take care of your child.

EXAMPLE: Calling your child's Doctor and verifying a prescription or medication or calling your Doctor with a progress report.

For Payment-

We may use medical information about your child so that the treatment and services your child receives can be billed and payment may be collected from you, an insurance company or another third party.

EXAMPLE: We may need to give your child's insurance company information about a therapy your child is going to receive to obtain approval or to determine whether your health plan will cover the therapy.

For Healthcare Operations-We may use and/or disclose your PHI for all activities that are included within the definition of "health care operations" as set out in the HIPAA Privacy Regulation.

EXAMPLES: Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills. Reviewing and improving the quality, efficiency and care that we provide to your child or other children. We have not listed in this Notice all of the activities included within the definition of "health care operations," so please refer to the HIPAA Privacy Regulation for a complete list.

Other Permitted uses and Disclosures that may be made without consent:

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object however CRCC may never have a reason to make some of these disclosures. Those circumstances include:

- *Required by law-* We will provide medical information about your child when required by federal, state or local law or other judicial or administrative proceeding.
- *Public health activities-* we may provide information about your child that has been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- *To report victims of abuse, neglect or domestic violence.*
- *Health oversight activities-* We may provide medical information to a health oversight agency for activities allowed by law. Oversight activities that allow the government to monitor the health care system, government programs and compliance with civil rights laws include audits, investigations and inspections.
- *Lawsuits and Disputes-* We may provide medical information about your child in response to a court or administrative order. We may also provide medical information about your child in response to a subpoena.
- *Law enforcement purposes-* We may provide medical information if asked to do so by a law enforcement official. Response to a court order, subpoena, warrant, summons or similar process.
- *Coroners, Medical Examiners and Funeral Directors-* To identify a person who has died or to determine the cause of death.
- *Organ, eye or tissue donation process-* If your child is an organ donor, we may provide medical information to organizations that handle organs for organ, eye or tissues transplantation or to an organ donation bank.
- *Medical research-* we may provide medical information about your child to people preparing for a research project.
- *To avert a serious threat to health and safety-* we may use and provide information about your child to prevent or lessen a serious and imminent threat to the health or safety of a person or public.
- *Relates to specialized government functions-* we may provide medical information about your child if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- *Relates to correctional institutions and in other law enforcement custodial situations-* In certain circumstances, we may provide information about your child to a correctional institution having lawful custody of your child.
- *Workers Compensation-* We may provide medical information about your child for worker's compensation or similar programs that provide benefits for work-related injuries or illness.
- *Business Associates-* We may provide medical information to other persons or organizations, known as business associates, who provide services to us under contract. We require our business associates to protect the medical information we provide to them.

You can object to certain uses and disclosures.

Unless you object, we may use or disclose information about your child in the following circumstances:

- *Involved in Your Child's Care or Payment for Your Child's Care-* We may provide medical information about your child to a friend, family member or any other person you say is involved in your child's medical care or in the payment for your child's care. You may identify a person to allow picking up your child's medical supplies for your child. We will provide only the medical information needed to allow the person to complete the task. We may provide medical information about your child with a public or private agency for disaster relief purposes. Even if you object, we may still share information about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of information about your child in the above circumstances, please call or write to our contact person listed on the cover page of this Notice.

We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose information to manage or coordinate your child's healthcare. This may include telling you about treatments, services, products and/or other healthcare providers for your child.

EXAMPLE: If your child has diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

We may contact you for fundraising activities.

We may provide information about your child to a CRCC fundraising representative and may contact you to help in raising money for CRCC and its operations. We would only release contact information and the dates you received services at our facility. If you do not want to be contacted in this way, you must notify us in writing to our contact person listed on the cover page of this Notice.

We may contact you to provide reminders.

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

Other Uses of Medical Information

Other uses of medical information not covered by this Notice or the laws that apply to us will be made only if you agree in writing. If you give us the right to use medical information about your child, you may change your mind, in writing, at any time. If you change your mind, we will no longer use the medical information for the reasons covered by your written request. You understand that we cannot take back any information that we have already released with your written agreement and that we are required to retain records of the care we provide.

Your Rights Regarding Medical Information About Your Child

Right to Request Restrictions:

You have the right to request that we limit the medical information we use or disclose about your child for treatment, payment or health care operations. You also have a right to ask for a limit on the medical information we provide about your child to someone who is involved in your child's care or the payment of care, like a family member or friend. We do not have to agree with your request. If we do agree to a limitation, we will follow your request unless the information is needed to provide emergency treatment. You must request a limitation in writing. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply

Right to Ask for Private Communications-

You have the right to ask that we communicate with you about your child's medical matters in a certain way or at a certain place. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. Your request must say how or where you wish to be contacted.

Right to Look At and Copy

You have the right to look at and copy medical information that may be used to make decisions about your child's care. Usually this includes medical and billing records. Your request must be in writing. If you ask for a copy of information, we may charge a fee for the cost of copying, mailing or other supplies needed to meet your request. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

Right to Change-

If you feel that medical information we have about your child is not correct, you may ask us to change the information. You have the right to ask for a change as long as the information is kept by Children's Respite Care Center.

Your request for a change must be in writing and sent to the Client Care Coordinator. In addition, you must provide a reason that supports your request for a change.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to change information, if the information is:

- Not created by Children's Respite Care Center
- Not part of the information kept by Children's Respite Care Center
- Not part of the information you would be allowed to look at and copy under the law
- Correct and complete

Right to an Accounting of Disclosures

- You have the right to ask for an accounting of disclosures, which is a list of medical information given out about your child. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before September 4, 2003. Your request should indicate in what form you want the list to be provided to you: for example, on paper or electronically.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting CRCC's Privacy Officer. You may also get a copy of this Notice at our website, www.crccomaha.org

Complaints

If you think your child's privacy rights have been violated, you may complain to CRCC's Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact

Children's Respite Care Center
5321 S 138th Street
Omaha, Nebraska 68137
Privacy Officer
(402) 895-4000

Effective Date of this Notice

This notice was published and first became effective on 9-4-03