

mighty oaks

CHILDREN'S THERAPY CENTER



Welcome to Mighty Oaks Children's Therapy Center! _____ is
scheduled to be seen on _____ at _____.

We would like to take this opportunity to tell you about Mighty Oaks so that we may serve you and your child better. Mighty Oaks Children's Therapy Center is a non-profit organization that was founded in 1983. We provide physical, occupational and speech/language therapy services to children with a variety of special needs. All children are seen with a physician's referral, and family involvement is important to achieving success in therapy. We ask that you bring any current reports and evaluations with you to your child's first appointment so that we may make copies for the therapist(s), it is often helpful to make a list in advance.

As a pediatric therapy center, we use play-based therapy which involves a direct, hands-on approach, games, and toys. In doing so, we hope to achieve an environment your child enjoys that helps to establish a therapeutic rapport with his/her therapist, allowing us to provide opportunities for growth that are stimulating and rewarding. If you or your child are ever uncomfortable with a method used in therapy, we encourage you to speak directly with your child's therapist to work out a plan for future sessions which is more acceptable.

Our primary goal is to protect your child and help nurture his/her growth and independence. Mighty Oaks Children's Therapy Center and its staff respect your and your child's right to privacy, however, please be aware that we are mandatory reporters of abuse and/or neglect under ORS 419B.005 (available for review in office). If, in the course of treatment, you or the staff of Mighty Oaks suspect your child is being endangered or abused, this information must be shared with the Department of Human Services who will investigate the incident with assistance from local resources such as ABC House.

All of our therapists are skilled in the art of working with children and each staff member/volunteer at our agency has undergone extensive background and criminal history checks. We hope that you and your child will feel comfortable communicating with the staff and developing a therapeutic relationship with your child's individual therapist. Each therapy program involves a component of parent/caregiver training and home program activities. You are encouraged to be actively involved in therapy by remaining present during treatment or collaborating with the therapist at the end of each session. Written home program activities and schedules can also be provided to enhance your child's success and progress.

My signature below indicates that I have read or had explained to me, and am in acceptance of, the above policies and procedures:

Signature

Date

MIGHTY OAKS CHILDREN'S THERAPY CENTER
NOTICE OF PRIVACY PRACTICES

PLEASE READ THIS NOTICE CAREFULLY. IT DETAILS HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND/OR DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Mighty Oaks Children's Therapy Center (referred to as MOCTC) is required by federal and state laws to maintain the privacy of "Protected Health Information" (PHI) and to provide you with notice about your rights and our responsibilities with regard to your child's PHI. We must abide by the terms of this notice while it is the case where state laws are more stringent than federal standards, some of the uses and disclosures described herein may be limited accordingly.

PHI is information about your child, including demographical information that could be used to identify you or your child, that relates to his/her past, present, or future physical or mental health or condition, the provision of related health care services to your child, or the payment or health care operations and for other specified purposes, as permitted or required by law. Your rights concerning your child's PHI are also discussed.

WAYS IN WHICH MOCTC MAY USE OR DISCLOSE PHI:

According to documents signed by you upon initiation of services at Mighty Oaks Children's Therapy Center, we may use and disclose your child's PHI for the purposes of:

- Treatment: MOCTC may use and disclose your child's PHI to assist his/her healthcare providers in diagnosis and treatment.
- Healthcare operations: MOCTC may use and/or disclose your child's PHI for administrative purposes such as customer service, date management, and analysis.
- Payment: MOCTC may use and/or disclose your child's PHI in order to process claims and seek reimbursement for therapy services covered by insurance, or to determine coverage and benefits through this plan.

OTHER PERMITTED/REQUIRED DISCLOSURES OF PHI:

- As required by law.
- Public Health Activities. (e.g. We may disclose your child's PHI to public health agencies for purposes such as preventing or controlling disease/infection).
- Communication with individuals involved in your child's care or payment for your child's services.
- Victims of abuse, neglect or domestic violence. (All staff and related personnel of MOCTC are mandatory reporters of suspected child abuse and we may be required to disclose PHI to government agencies if we reasonably believe your child may be a victim of abuse or neglect).
- Health Oversight: MOCTC may disclose PHI to the government oversight agencies as authorized by law, including audits, investigations, and inspections, as necessary for our licensure and for the government to monitor healthcare compliances with laws/regulations.
- Judicial and Administrative Proceedings: MOCTC may disclose your child's PHI in response to a court, administrative order, a subpoena, discovery request or other lawful process.
- Research: MOCTC may disclose PHI about you for your research purposes when the research is approved by an institutional review board, provided certain measures have been taken to protect your privacy.
- Health/Safety Risks: MOCTC may disclose PHI about your child, with some limitations, when it is deemed necessary to prevent a serious threat to his/her health and safety or the health and safety of the public or another individual.
- Special government functions: MOCTC may disclose PHI as required by military authorities or to authorize federal officials for national security or intelligence activities.

OTHER DISCLOSURES OF YOUR CHILD'S PHI:

Other uses or disclosures of your child's PHI will be made only with your expressed, written authorization, unless otherwise permitted by law. You may initiate disclosure, or revoke any authorization at any time in writing, except to the extent we have already taken action on the information or if we are permitted by law to use the information.

YOUR RIGHTS REGARDING PHI:

You and your child have certain rights regarding the PHI that we maintain about your child. You have the right to:

- Access your child's PHI. You have the right to review or obtain copies of your child's PHI records, with limited exceptions. These records include reports and/or documentation, prescription, billing and claims information, and case/medical

management records. Your request must be made in writing, and an administrative fee may be assessed for the costs of copying and/or mailing your requested records.

- **Amend your child's PHI:** If you feel that the PHI kept by MOCTC is incorrect or incomplete you may request, in writing, that we amend that information and you must provide a reason for seeking the change. Your request may be accepted or denied by MOCTC, after review, and we will notify you in writing of our decision. If your request is denied you then have the right to submit to MOCTC a written statement of disagreement with our decision, and we then have the right to rebut your statement.
- **Record of Disclosures by MOCTC:** You have the right to request a record of all disclosures we have made about your child's PHI. The list will not include disclosures related to treatment, billing/payment, healthcare operations, or those made with your written authorization. Your request for record of disclosures must be made in writing and must identify the time period for which you are requesting an accounting, which may not be longer than six years and which may not include dates before April 14, 2003.
- **Restricting use/disclosure of your child's PHI:** You have the right to request that we limit how your child's PHI is used for treatment, payment, or healthcare operations. This request must be made in writing and must tell MOCTC:
 - What information you want to limit.
 - Whether you want to limit use or disclosure of your child's information (or both).
 - To whom you want these restrictions to apply.

We may deny or accept your request. If it is accepted, we will comply with your request unless the information is needed for an emergency or required by law.

- **Receive confidential communications:** You have the right to request, in writing, that we use a specified method of contacting you or communicating with you regarding your child's PHI if that communication could endanger you or your child. Your request must clearly state that communication from us could endanger you or your child and must specify how or where you wish to be contacted (e.g. Where would you like information sent). We will accommodate all reasonable requests.
- **Contact Information:** You may exercise any of the above described rights by contacting our office. See the end of this notice for contact information.

HEALTH INFORMATION SECURITY

MOCTC requires all employees to follow policies of client and/or medical confidentiality, limiting access to patient information to those staff members who need that information in order to perform their job responsibilities. We maintain building and technical security measures to appropriately safeguard you family's PHI.

CHANGES TO THIS NOTICE

MOCTC reserves the right to change the terms of this policy at any time, effective for any previous, current, or future PHI we may receive about your child. We will update this policy in writing, and will provide you with a copy whenever material changes are made to this notice.

COMPLAINTS

If, at any time, you feel your privacy rights have been violated, you may file a complaint with MOCTC and/or the Secretary of the Department of Health and Human Services. All complaints regarding MOCTC must be in writing and sent to the office listed at the end of this notice. We support your right to protect the privacy of your child's PHI and we will not retaliate against you for filing a complaint.

CONTACT

If you have any questions or complaints about this notice or you want to submit a written request to MOCTC as required in any of the previous sections of this notice, please contact:

Mighty Oaks Children's Therapy Center
3615 Spicer Dr. SE
Albany, OR 97322
(541) 967-7551

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES REGARDING HEALTH INFORMATION

By signing this form, you acknowledge that Mighty Oaks Children's Therapy Center has given you a copy of their Privacy Practices Regarding Health Information, which explains how your health information will be handled in various situations. All clients receiving services will be asked to sign this form.

Parent/Guardian Signature

Date

HANDLING OF CONFIDENTIAL HEALTH INFORMATION

HOME PHONE NUMBER: _____

May we telephone you at home? Yes No May we leave a message at home? Yes No

CELLULAR PHONE NUMBER: _____ other _____

May we telephone you on your cell? Yes No May we leave a message on your cell? Yes No
May we send a text notification to your phone about upcoming appointments? Yes No _____

If yes, our schedule program we use needs the name of your service provider: _____

WRITTEN COMMUNICATION:

May we send mail to your home address? Yes No

STREET ADDRESS

CITY, STATE, ZIP

OTHER PARENT/GUARDIAN (IF DIFFERENT THAN ABOVE)

Name: _____ Contact Number(s) _____

STREET ADDRESS

CITY, STATE, ZIP

ELECTRONIC COMMUNICATION:

Mighty Oaks Children's Therapy Center cannot guarantee confidentiality with electronic communications. It is important that you understand that the nature of the Internet is that any e-mails you send or receive may also be intercepted by other people. Therefore, if you send your therapist an e-mail or ask your therapist to respond to you about something via an e-mail, you must understand that it is not entirely confidential and may be intercepted by others.

May we communicate with you via e-mail? Yes No

If yes, please provide an e-mail address: _____

Are there any restrictions for e-mail? Yes No

If yes, please describe: _____



Dear Families,

Effective, February 1, 2019, the following policy supersedes all policies regarding attendance to therapy at Mighty Oaks Children's Therapy Center.

- If your child must miss a therapy appointment due to illness, a conflicting appointment, or for any other reason, Please contact our office at (541) 967-7551 at least 24 hours in advance whenever possible. We understand that in the case of illness, advanced notice may not be possible, and we appreciate your efforts to notify our office as soon as possible.
- **If you reach FIVE cancellations in the calendar year without rescheduling, you will be removed from the active schedule and placed on an on-call cancellation schedule, if desired.** We will call you the day of a cancellation and fit you into that day's schedule. **You will not be held accountable for cancellations based on your therapist's need to cancel.**
- **If your child misses THREE appointments without notice (no-show) in the calendar year, they will be removed from the therapy schedule for ALL disciplines. Your child's doctor will be notified of his/her discharge from therapy.**
- Exceptions to the above policies are made for those children who are medically fragile. This determination is made upon the therapist's request and with supporting documentation from the child's physician.
- If your therapy services are terminated, you will then have the option to be placed onto the bottom of the waiting list, or cancellation list. Once everyone above you on the list has had the opportunity to receive services, you will be able to start the intake process to once again begin receiving therapy.

My signature below implies that I have read (or had read to me) and understand the above policies. (A copy will be provided for your records upon request)

Parent/Guardian

Date

Child's Name

Date of Birth



MEDICAL RELEASE FORM

Patient: _____
Date of Birth: _____

Medical Records Services
CONSENT FOR RELEASE OF INFORMATION

I hereby authorize and consent the release and exchange of medical records of
MIGHTY OAKS CHILDREN'S THERAPY CENTER with:

Name of individual or agency

Address

City, State and Zip

Signature and Date

Relationship to Patient

MIGHTY OAKS
Children's Therapy Center

Authorization Form
for pictures and observations

Student: _____ Date of Birth _____

I authorize Mighty Oaks Children's Therapy Center to photograph my child YES _____ NO, _____ or to have observers present during therapy, for the purposes of demonstrating services for educational, informational, or promotional purposes. YES _____ NO _____
You may use my child's name. YES _____ NO _____

Signature of Parent/Guardian

Date

My Child's Potty Needs

Name _____

___ My child is Potty Trained.

___ My child is currently Potty Training and is in underwear.

___ My child is currently Potty Training and is in pull-ups.

___ My child is not potty trained. My Child will need to be changed.
I will provide the correct size diapers/pull-ups and wipes for my child.

I hereby give permission for Mighty Oaks staff to change my child's diaper if needed in my absence.

Parent Signature

