# 2020 PARENT HANDBOOK

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Fax: 615.893.4923

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Revised 6/24/2020
OUR HISTORY

OUR MISSION STATEMENT

Special Kids’ mission is to serve Jesus Christ by caring for His children through providing quality and affordable therapy and nursing services in a loving, Christian environment with the support and guidance of the patient’s physician. Our goal is that no family would be denied services due to lack of funding. We cannot offer services free of charge, but we offer a variety of ways to help offset cost. We believe that the family unit is important, and by offering quality, coordinated services to the special needs community, we will assist in keeping the family intact.

OUR STORY

In 1998, a nurse named Carrie Goodwin founded Special Kids. Carrie worked in a facility where she saw children with special needs being turned away from services when insurance ran out and their families could not pay. Carrie saw a different answer. Carrie began envisioning a place where special needs and medically fragile children would not be turned away because of a family’s inability to pay. Instead, they would be embraced with Christian love and healing arms.

Soon, Carrie’s father, Dick Kleinau, captured her vision. Kleinau had witnessed firsthand the financial sufferings that the family of a child with special needs experiences; his own grandson had special needs. Kleinau and The Christy Houston Foundation in Rutherford County put forth the funds that enabled Carrie to build a facility and open the doors debt free. In September 1998, with the support of the community and volunteers, Special Kids opened its doors.

OUR STAFF

The staff at Special Kids includes our executive director, therapists and assistant therapists (physical, occupational, speech, and recreational), registered and licensed practical nurses, family resource coordinators, and a variety of support staff. As a non-profit organization, Special Kids is governed by a Board of Directors.

COMMUNICATION

We pray your experience with Special Kids is empowering, positive, motivating, and something that adds meaningful value to your life. We encourage you to share your experience with your friends, family, and online community. Special Kids utilizes several tools to communicate with our families and supporters, and a few resources are listed below:

WEBSITES

Special Kids Website: specialkidstn.com
Special Kids Race Website: specialkidsrace.org

SOCIAL MEDIA

Special Kids Facebook: facebook.com/SpecialKidsInc
Special Kids Race Facebook: facebook.com/SpecialKidsRace
Twitter: @SpecialKids20
Instagram: @specialkidstn
You Tube: @skidstn
OUR SERVICES

Special Kids offers a variety of services and therapies as one organization. Many children receive only one therapy service, but many others receive multiple and different kinds of therapy services. Every child is special, and our program is designed to meet the unique needs of every child. Your child may be seen by a variety of our staff, including therapists and assistant therapists.

1) PHYSICAL THERAPY
Physical therapy aims to help your child develop large muscle movement. This therapy may help your child gain head control, sit up, crawl, stand, or walk. Our therapists may speak with you about walkers, wheel chairs, or other equipment that would make caring for your child easier.

2) OCCUPATIONAL THERAPY
Occupational therapy seeks to help your child develop small muscle movement. Your child may learn to hold toys, transfer things from hand to hand, or draw and color. Self-help skills such as brushing teeth, dressing, or combing hair, can be taught in occupational therapy.

3) SPEECH THERAPY
Speech therapy may help your child learn to say new words, speak more clearly, speak in complete sentences, or better understand given directions. Speech therapy focuses on three main areas: comprehension, expression, and articulation.

4) FEEDING THERAPY
Feeding therapy is designed to uncover and address the root causes of feeding difficulties. This therapy serves children with food aversions, swallowing disorders, oral motor deficits, and delayed development that can lead to a lack of nutritional nourishment.

5) PEDIATRIC PRESCRIBED SKILLED NURSING (PPSN)
PPSN, or Pediatric Prescribed Skilled Nursing, is a program offered to children who are deemed medically fragile by a physician and require nursing care. Nurses assess, monitor, administer medications, and intervene when necessary to maintain the health of patients while attending the program.

6) RECREATIONAL THERAPY
In order for patients to learn and grow while nurses closely watch their health, Recreational Therapy is provided to patients within the PPSN program, who upon assessment, will benefit from this unique therapy. Play and recreation are used in a group setting to achieve age appropriate independence in areas such as gross motor, life skills, communication, fine motor, and beyond.

7) FAMILY RESOURCES
We strive to connect you to resources, within Special Kids or in the community, that will be responsive to your unique situation and needs. In our Therapy lobby, we have a drop-box where you can write confidential prayer and need requests for Family Resources to use to connect you to resources.

8) CAMP ABILITY
We host a Christian–based Summer Day Camp for children with special needs from the ages of 6-25 called Camp Ability. Campers have an opportunity to participate in Bible studies, theme weeks, creative arts, music, swimming, adventure activities, field trips, games, sports, and more.
OUR COMMITMENT TO QUALITY

ACCREDITATION
Special Kids offers therapy services as an accredited Comprehensive Outpatient Rehabilitation Facility (CORF) through the Centers for Medicare and Medicaid Services (CMS). To maintain our CORF certification, Special Kids is surveyed and reviewed on a regular basis.

PHYSICIAN OVERSIGHT
Our Medical Director, a local pediatrician in Murfreesboro, oversees our therapy and nursing services. If any emergencies arise and your child’s primary doctor is unavailable, we will contact our Medical Director.

CONFIDENTIALITY
Staff will discuss your child and family only when professionally necessary with other staff members or with those for whom you sign a release. You are expected and required to maintain confidentiality about other Special Kids children, families and staff as well.

CHILD ABUSE PREVENTION & REPORTING
Tennessee law requires that anyone who even suspects a child is being abused or neglected must report the suspicion to the Department of Children’s Services.

SEX ABUSE REGISTRY
Our staff checks the sex abuse registry for all parents, legal guardians, and listed contacts. If you, as the parent or legal guardian, or any of your contacts are listed on the sex abuse registry, you are required by law to inform Special Kids of such listing. Any individual on the sex abuse registry will not be permitted to enter any treatment facility past the lobby and must seek permission from Special Kids to enter any other part of the campus.

COMPLAINTS/GRIEVANCES
If you have a complaint or grievance, we recommend you first attempt to resolve it with the person with whom there is a disagreement. If it cannot be resolved, the most effective channel for resolution is as follows:

Department Lead
Department Director
Executive Director
Personnel Committee Chairman
Special Kids Board of Directors

BEHAVIOR MANAGEMENT
We maintain a positive approach to your child’s behavior and physical punishment will never be used. For safety and consistency, the following behavior management techniques are used at Special Kids:

1. Differential Attention- Giving attention to appropriate behaviors and ignoring inappropriate ones.
2. Positive Reinforcement- Responding positively to desired behaviors.
3. Redirect- Predicting and preventing a child’s negative response.
4. Logical Consequences- Relating the consequences to the behavior. For example, “If you attempt to hit me with the bat, I will take it away.”
5. Natural Consequences- Allowing the consequence to occur. For example, “If you play too roughly with the toy, it breaks.”
6. Time Out- Removing the child briefly from the situation to a particular spot in a nearby place.
7. Holding- In rare situations, calmly holding a child who has lost control of his/her behavior and is a danger to self or others.
FINANCIAL OBLIGATIONS

PAYMENT PROCESS & AGREEMENTS
Each family will have a financial agreement for the payment of services. Our process is to pre-certify and bill your primary insurance for services rendered. When applicable, you must satisfy your deductible. If you have a secondary insurance or payor of last resort (such as TEIS, CSS, or TennCare), any unpaid balance will be billed to that payor. If you have no secondary payment sources, or an unpaid balance remains, you will be billed directly for any remaining amounts. For private pay, our fee structure is based on a sliding scale.

PAYMENT REQUIRED AT TIME OF SERVICES
We cannot offer services free of charge, but we offer a variety of ways to help offset cost. Payment is required at the time services are rendered unless other arrangements have been made in advance with the Billing Office. and this includes applicable coinsurance, co-payments, deductibles, and balances owed. Special Kids accepts cash, personal check (in-state only), and credit/debit cards. There is a minimum service charge of $25 for all returned checks.

OUTSTANDING BALANCES
If you have an outstanding balance, your child will not be seen until payment is made in full or a financial agreement (a payment plan) has been established and signed with the Billing Office. Failure to abide by that established payment plan will result in a request for payment in full and possibly a discharge from services.

CHANGES TO INSURANCE
It is your responsibility to notify us immediately of any change in your child’s insurance coverage. Copies of the most recent insurance cards are required. Failure to alert us to changes in insurance will result in 100% patient responsibility of any and all unpaid claims. We bill participating insurance companies, including secondary insurance, as a courtesy but you are responsible for all charges not covered by insurance.

SLIDING SCALE
To enhance affordability of our services, we offer a sliding scale fee schedule for patients who have little or no insurance coverage or are self-pay.

Our sliding scale is based on three factors:
1) Your household income.
2) The number of children living in your household under the age of 18.
3) The number of services a week your child will need from Special Kids.

Unfortunately, according to federal insurance regulations, Special Kids cannot use a sliding scale fee schedule for deductibles, co-pays, or co-insurance balances.

Lastly, please be aware that many insurance companies only pay for a limited number of therapy sessions per calendar year. If you continue therapy beyond the maximum number of payable sessions set by your insurance company, you are responsible for payment. If this happens, at that point, our sliding scale would apply to you.

BILLING QUESTIONS
If you have questions regarding what your insurance plan covers or offers, call the 1-800 number listed on the back of your insurance card to speak with your provider directly. You may also contact our Billing Office directly during regular business hours at 615.893.4891.

ADDITIONAL SUPPORT
Our Family Resources team can inform you about financial grants that are available to help cover the costs of your therapy. Some of these grants are based on need, while others are based on covering costs that insurance does not pay for (such as co-pays and deductibles).
FIRST STEPS

REFERRAL & INTAKE
After your child has been referred for services with us, we will contact you to set up an Intake to orient you to our facility, policies, and procedures. After your intake, we’ll set up an appointment for your child to have an evaluation with a Special Kids therapist to determine if services are recommended and what treatment is appropriate. You’ll be asked to sign that you understand, and will abide by, our policies and procedures. You’ll also be asked to sign a form indicating your understanding of your financial obligations.

EVALUATION
Based on your child’s evaluation, your therapist will develop and outline an individualized treatment plan for your child. That plan will include how often treatment is recommended and what your child’s initial goals will be. The therapist will review this treatment plan with you at the first appointment, where you will sign an informed consent of agreement with the treatment plan and are encouraged to ask any questions.

TREATMENT
For as long as you receive services at Special Kids, your therapist will remain in communication with you. We will also remain in contact with your child’s primary care provider to keep them up to date on progress.

PHYSICIAN CHANGE
If your primary care physician changes, you must let us know as soon as possible and complete a physician change form. Because we regularly keep your provider up to date on progress, incorrect or out of date information could disrupt services for your child.

REGULAR ATTENDANCE
Regular attendance at therapy is critical to seeing the best outcomes for your child. We enforce a fair attendance policy, described on the next page, to increase the likelihood that your child makes progress. We have many children waiting to receive services at any given time, and any missed therapy appointment is lost time that could be spent helping another child like yours make progress. Please be in attendance to the best of your ability.

DISCHARGE
Our desire is that your child will reach all therapeutic goals set by our therapists and will be successfully discharged due to progress made. However, if our therapists believe your child may be plateauing in progress, they may recommend changing your therapist to see if a new environment will be helpful to your child’s progress before choosing to discharge.
PARENT/GUARDIAN REQUIREMENTS

We have established certain specific requirements and expectations for the parents/guardians of our patients. As a condition of receiving services from Special Kids, you are expected to adhere to the following.

ATTENDANCE REQUIREMENTS
A 75% attendance rate is required of all children enrolled in therapy services. Attendance will be evaluated every two months, six times per year.

The first time your child’s attendance falls below 75% in a 12-month period, we’ll contact you and mail you a letter to let you know.

The second time your child’s attendance falls below 75% in a 12-month period, we’ll contact you and you’ll need to talk with us about how to improve attendance within a week of our contacting you. We take attendance very seriously and if we can’t get in touch with you, your child will be discharged.

The third time your child’s attendance drops below 75% in a 12-month period, he/she will be discharged.

AUTOMATIC DISCHARGES
In addition to the above guidelines, your child will be automatically discharged if he/she has:
- Two (2) no-shows in any two month calendar period (Jan-Feb, Mar-Apr, etc.).
- Three (3) canceled/missed appointments in a row.

Note: Hospitalizations with written confirmation will not count negatively against attendance. Certain illnesses will be considered for exception based on clinical judgement, discretion, and program policy. Excessive reschedules may result in losing your appointment time or even discharge.

TARDIES
You are allowed four (4) tardies per quarter. Arriving five (5) minutes or later to an appointment, or picking up a child later than five (5) minutes past the appointment end time, will be counted as a tardy.

If your child is fifteen (15) minutes late or later to an appointment, he/she will not be seen.

If your child has a three tardies in a quarter, we’ll contact you and mail you a letter with the dates of the past tardies to let you know.

If your child has a fourth tardy in a quarter, we’ll contact you and you’ll need to talk with us about how to improve attendance within a week of our contacting you. We take attendance very seriously and if we can’t get in touch with you, your child will be discharged.

If your child has a fifth tardy in a quarter, he/she will be discharged.

Note: The tardy count will reset to zero at the beginning of each quarter: the first day of Jan, Apr, Jul and Oct.

REMAINING ON THE PREMISES
You must stay on Special Kids property during your child’s appointment. If, for an extenuating reason, you need to step out, you must notify the front desk and have a cell phone on your person at all times. It is your responsibility to ensure Special Kids staff has current and updated emergency information.

SOCIAL MEDIA & TEXTING
Special Kids employees are required to adhere to a strict no friending policy on social media and no texting from personal numbers. To maintain professional ethics, our staff will not accept invitations to friend or follow any patient or parent of a patient on social media and our staff will not give out their personal numbers.
ILLNESS/INFECTION CONTROL

If your child is sick, he/she should stay home.

Hospitalizations with written confirmation will not count negatively against attendance. Certain illnesses will be considered for exception based on clinical judgement, discretion, and program policy. It is your responsibility, as the parent/guardian, to call Special Kids to cancel therapy or nursing services if your child is ill. Even if sick, failure to call us before the appointment is considered a no-show.

If your child shows any of the following signs or symptoms, he/she should stay home (or will be sent home) and we will not conduct therapy services:

**Fever:** Your child must be free from fever (100.5°F or greater), without fever-reducing medications, for 24 hours or be determined to be non-contagious by a physician. If prescribed antibiotics, your child must be on antibiotics for 24 hours prior to returning to therapy. Our one exception is hyperthermia related to chemotherapy.

**Pink Eye (Conjunctivitis):** Your child may return 24 hours after starting antibiotics if there is no drainage from the eye.

**Sore Throat:** If lasting more than 24 hours and strep throat or a viral infection is suspected, your child may return only after he/she has been fever-free for 24 hours and it has been at least 24 hours since antibiotics were started.

**Rashes:** Rashes must be diagnosed and treated by a physician, who must determine if your child can return and resume services.

**Chicken Pox (Varicella):**
- Exposure: If your child was exposed to chicken pox, he/she is considered potentially infectious from 8-21 days following the exposure. Your child will not be allowed to return during this time unless they have received the chicken pox vaccine, commonly referred to as, “Varivax”.
- Active: If your child has active lesions, he/she may not return until all lesions have crusted over and there is no drainage. This usually takes 5-7 days after lesions first appear.

**Lice (Pediculosis) or Flea Infestation:** Your child may return after an insecticide shampoo treatment.

**Bed Bugs:** Your child may return when proof of a professional extermination is provided.

Your child may return from the following if symptom free for at least 24 hours:
- Diarrhea, defined as two (2) or more loose bowel movements.
- Vomiting
- Croup

If your child has any of the following conditions, he/she must be evaluated by a physician:
- Unusual lethargy
- Irritability
- Persistent crying
- Difficulty breathing or other signs of possible severe illness

The above list of symptoms is inclusive, but not limited to what is identified and described as requirements for a patient to be temporarily excused from receiving rehabilitation or skilled nursing services until they are evaluated by their physician.
THERAPEUTIC PLAYGROUND

Our therapeutic playground is designed for therapeutic activities and is another setting in which we deliver our services. Though it is open throughout the day for siblings, our priority is to conduct safe and effective therapy sessions.

PLAYGROUND RULES

1. No running, pushing, or shoving.
2. No improperly climbing on, or usage of, equipment.
3. No sharp objects are permitted on the playground.
4. Children on the playground must have adult supervision.
5. Only one child per swing.
6. No smoking on or near the playground area.
7. The use of the playground is at your own risk.
8. Close the gate as you enter/exit the playground.
9. Be respectful, particularly of treating therapists.
10. Keep the playground area clean by properly disposing trash.

MISCELLANEOUS

GIFTS
For our therapists’ licensure and professional ethical guidelines, we will not accept gifts of monetary value from patient families. However, our Family Resources department may choose to accept donations if made for the benefit of other families and not for SK staff. If you choose to donate items that can be used by Special Kids in the course of normal business, you will be asked to complete an In-Kind Donation Form.

EMERGENCY DRILLS
The staff and children practice emergency drills regularly. If you are present at the time of a drill, please participate by following staff instructions.

HOLIDAYS
Special Kids will be closed on the following holidays: New Year’s Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day.

INCLEMENT WEATHER AND OTHER CLOSURES
Special Kids will close for severe weather only at the discretion of the Executive Director of Special Kids. Please check Special Kids’ facebook page (facebook.com/SpecialKidsInc), website (specialkidstn.com), Instagram account (@specialkidstn), and Channel 4 news for information about possible cancelations during inclement weather.

Should there be other closings not due to inclement weather, parents will receive ample notification.

CELL PHONE USE
Parents are required to not actively use cell phones in treatment spaces, as this may inhibit or distract a child during session. Additionally, photos and videos are not permitted to be taken in treatment spaces, as this poses a serious risk to the privacy of other individuals. Intentionally taking photos/videos of other children is a serious offense and will result in discharge from services.

LIABILITY STATEMENT
In spite of every precaution, sometimes accidents do occur. The therapist or nurse in charge can be depended upon to use good judgment in obtaining immediate and proper care for your child. However, no one connected with Special Kids will assume responsibility in the case of an accident.
The Special Kids Statement of Patient Rights and Responsibilities was adopted to set forth a written expectation that it, by a parent’s adherence to the Statement, will contribute to more effective patient care and greater satisfaction. The personal relationship between a health professional and a patient is essential to the patient’s treatment and well-being. “Parent,” “Caregiver,” and “Patient” may be used interchangeably since often the child is a minor and may lack the ability to fully understand.

**RIGHTS OF THE PARENT/CAREGIVER/PATIENT**

The Parent/Caregiver/Patient has the right to:

1. A timely response from Special Kids regarding a request for service.
2. Receive considerate/respectful care regardless of race, sex, color, creed, age, national origin, or income.
3. Confidentiality regarding communications and record keeping as it pertains to your child’s chart.
4. Respectfulness and privacy as it relates to medical care, social, religious, and psychological well-being.
5. Expect a safe environment for your child.
6. Know the names of the staff providing services to your child.
7. Request complete and current information concerning your child’s treatment.
8. A treatment plan in the language you understand.
9. Refuse treatment, such as the law allows, and to be informed of the consequences.
10. Terminate care, against medical advice, such as the law allows. Special kids will not be held responsible if care is terminated against medical advice.
11. Request and receive an itemized bill for services and be informed of any payments for which the patient may be responsible.

**RESPONSIBILITIES OF THE PARENT/CAREGIVER/PATIENT**

The Parent/Caregiver/Patient is responsible for:

1. Notifying Special Kids prior to an absence.
3. Being respectful of other patients’ privacy.
4. Providing a complete medical history to Special Kids.
5. Helping physicians, nurses, therapists to restore the patient to health.
6. Understanding the patient’s health needs and asking questions until adequate information is received.
7. Following clinic rules & being reasonable about demands placed upon the staff.
8. Notifying Special Kids if he or she feels that rights have been violated.
9. Actions if treatment/care is refused.
10. Providing appropriate information to bill for services, maintaining healthcare coverage, notifying Special Kids if there is a change in insurance coverage, and fulfilling financial obligations promptly.

**PARENTS AS MEMBERS OF THE TEAM**

You are one of the most important members of your child’s treatment team. We are here to help you learn how to enhance your child’s development. Regular communication with our staff and your carry-over of activities at home are vital to your child’s best progress. You are encouraged to talk with therapists and share in the responsibility for keeping communication open. You may schedule meetings/conferences with your therapist, the family resource coordinators, director of therapy, a billing representative or the executive director whenever the need arises.

What happens with your child after leaving Special Kids is much more important than what happens here. After all, your therapist will work with your child only a few hours each month. You are with him or her every day.

Remember, we can’t do it without you!
ACKNOWLEDGEMENT OF SPECIAL KIDS POLICIES

The following have been reviewed with me and I have been provided a copy of the Special Kids Parent Handbook:

- Our Services
- Confidentiality
- Child Abuse Prevention and Sex Abuse Registry
- Financial Obligations
- Attendance Policy
- Playground Policy
- Illness/Infection Control Policy
- Gifts Policy
- Emergency Drills Policy
- Holidays/Inclement Weather/Cell Phones
- Liability Statement
- Rights and Responsibilities

I understand and will abide by the policies and procedures set forth in the Special Kids Parent Handbook. I also understand there are policies in place at Special Kids that may not be explicitly stated in this handbook.

__________________________________________________
Patient’s Name

__________________________________________________
DOB

__________________________________________________
Parent/Guardian Signature

__________________________________________________
Date

__________________________________________________
Witness Signature