



Welcome! Prior to starting services with **READY SET GO THERAPY**, we ask that you to provide us with some information. This information will help us to better understand your child, and to most effectively meet the needs of your child and your family. In this packet, you will also find a description of our services and policies. Enclosed are the following:

- Registration Form
- Notice of Privacy Policies and Procedures
- Privacy Policies and Procedures Receipt and Consent
- Parent Policies
- Service Agreement
- Release of Information
- Sensorimotor History
- A Sensory Profile or Sensory Processing Measure Parent Questionnaire, if appropriate. Please answer each question/test item to the best of your ability, as we are unable to score the assessment if any item is left unanswered. This questionnaire should be completed prior to your child's evaluation.

Please keep the Notice of Privacy Policies, Parent Policies and Procedures, and a copy of the Service Agreement for your records. Please complete the remaining forms, and fax, mail, scan and email, or drop off the forms prior to your child's first appointment at:

350 Gate 5 Road
Sausalito, CA 94965
Fax: (415) 963-4243
info@readyssetgotherapy.com

Providing this information as soon as possible prior to your child's session will help us to prepare appropriately for the first meeting with your child. If no one is in the office when dropping off forms, you may leave the forms in the black mailbox facing you after you enter the building. If you have any questions, please call us at (415) 339-8800. We look forward to meeting you!

Registration Form



350 Gate 5 Road
Sausalito, CA 94965
Phone 415-339-8800
Fax 415-963-4243
info@readyssetgotherapy.com

THIS FORM MUST RETURNED PRIOR TO THE FIRST APPOINTMENT

PERSONAL INFORMATION

Child's Name: _____ Date: _____ Referred by: _____

Birthdate: _____ Age: _____ School: _____ Grade: _____ Teacher: _____

Parent name: _____ Address: _____

Parent name: _____ Address: _____

Parents' occupations: _____

Phone #'s: List name/ type (cell/home/work): _____

E-Mail Addresses: _____

Other family members in household (include sibling ages); other caregivers (include contact information):

MEDICAL INFORMATION

Medical Diagnosis (if applicable): _____ Date given: _____ By (name of professional): _____

Allergies: _____ Dietary Restrictions: _____ Medications: _____

Please list any known precautions or physical conditions (seizures, heart problem, asthma, muscle/bone disorder):

Person Responsible for Payment: _____ Pediatrician: _____

Name of Insurance Provider (for coding purpose): _____

ADDITIONAL INFORMATION

| Current Service(s)/Provider Name | Start Date | Past Service(s)/Provider Name | Start/End Date |
|----------------------------------|------------|-------------------------------|----------------|
|----------------------------------|------------|-------------------------------|----------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Primary Concerns:

1. _____

2. _____

3. _____



READY SET GO
THERAPY
350 Gate 5 Road
Sausalito, CA 94965
Phone 415-339-8800
Fax 415-963-4243
info@readyssetgotherapy.com

Notice of Privacy Policies and Procedures

PLEASE RETAIN THIS FORM FOR YOUR RECORDS

READY SET GO THERAPY, INC. respects the confidentiality of its clients (child and legal parent/caregiver) and will maintain the privacy of your health information by all applicable federal and state laws. Ready Set GO Therapy will implement the following privacy policies and procedures:

Treatment: We may use and disclose your child's health information as part of assessment and intervention procedures. If a non-parent caregiver is present at your child's therapy session, consent is implied to discuss basic components of the treatment session, answer questions, and provide recommendations and/or home program suggestions. If you prefer to limit communication with a non-parent caregiver in your child's session, please let your therapist know. With written consent, we may use and disclose your child's information with other professionals working with your child. If a parent/legal guardian would like Ready Set GO Therapy, Inc. to consult with other caregivers/professionals/persons, he or she shall sign and submit a Release of Information form for that function.

Communication

We send written reports via our secure email system. Day to day communication via email is not secure. If you prefer to communicate via phone, please let your therapist know.

Healthcare Operations

We may use your child's information for appointment reminders (i.e. texts, voice mail, email, reminder cards). We may use and disclose your child's health information to obtain payment for services we provide. Ready Set GO Therapy, Inc. is a teaching facility. Your child's information may be used for the education of occupational therapy students and members of the community. Students, volunteers, and supplementary staff will sign a confidentiality agreement to adhere to the privacy policies and practices as outlined in this document. The quality of a child's therapy session is of primary importance. Students and volunteers will observe or participate only if this can be done without interfering with a child's session. For educational purposes your child's information may be used without consent, *only* with name and identifying information excluded. Occasionally persons within the community (for example, new parents or related services) may request to visit the facility. Such visits will be conducted with consideration that your child's session is the primary priority.

READY SET GO THERAPY, INC. uses photography and video at times during treatment sessions. Images and recordings may be shared with parent/guardian or with clients as part of the therapeutic process. You may opt out of the use of photography or video in your child's sessions by signing an opt-out form.

Your Authorization:

You may give us written authorization (Release of Information) to use your child's information or disclose it to anyone for any purpose. If an authorization is provided to us for any individual or entity you may revoke the authorization in writing at any time.

Marketing

READY SET GO THERAPY, INC. uses photography and video of clients for promotional and educational purposes. You may opt out of the use of your child's videos or photos for such purposes by signing an opt-out form.

Required by Law

We may be required to provide information to law officials under certain circumstances. We are mandatory reporters. We may be obligated to use or disclose your child's information if we believe that your child is a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.

National Security

We may be obligated to use or disclose your child's information as required for national security: to military authorities or armed forces personnel, to authorized federal officials as required for lawful intelligence, counter-intelligence, and other national security activities, or to correctional institution or law enforcement official, having lawful custody of health information of inmate or patient under certain circumstances.

We reserve the right to change our privacy practices at any time. If we change the privacy practices, we will issue a revised notice of privacy practices. If you wish to obtain an additional current copy of our privacy practices, you may obtain it at any time by contacting Jamie Close or Leigh Burkey at Ready Set GO Therapy, Inc. This Notice takes effect December 1, 2018 and will remain in effect until replaced.

Privacy Policies and Procedures Receipt and Consent



350 Gate 5 Road
Sausalito, CA 94965
Phone 415-339-8800
Fax 415-963-4243
info@readyssetgotherapy.com

THIS FORM MUST RETURNED PRIOR TO THE FIRST APPOINTMENT

I, _____, acknowledge that I have received and reviewed a
Print Name of Legal Parent/Guardian
copy of **READY SET GO THERAPY, INC.**'s Notice of Privacy Policies and Practices.

I consent to **READY SET GO THERAPY, INC.**'s disclosure of our child's information for treatment/intervention, billing, and healthcare operations according to the terms outlined in the Notice of Privacy Policies and Practices.

Signed,

Signature of Legal Parent/Guardian

Date

=====

Photo and Video Opt Out

I **do not** authorize **READY SET GO THERAPY, INC.** or its officers, employees, or agents, to use recordings or images of my child, _____, or family as part of the therapeutic process.

Signature of Parent or Guardian

Date

I **do not** authorize **Ready Set GO Therapy, Inc.** or its officers, employees, or agents, to use recordings or images of my child, _____, or family for promotional and/or educational purposes.

Signature of Parent or Guardian

Date

Service Agreement For Occupational Therapy Services



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I have requested occupational therapy services for my child, _____,
print child's name

Movement, moving equipment, as well as physical manipulation, are integral to our therapy interventions. While reasonable measures will be taken to avoid injury, I recognize that injuries may occur.

I understand and agree to the following rates and fees:

Service Rates:

| | |
|------------------------------------|--|
| Evaluation = | \$775 |
| Evaluation w/School Consultation = | \$1095 |
| Initial consultation = | \$320 |
| 1st session, outside evaluation = | \$320 |
| Treatment session = | \$160 includes 55 min. session, planning, and documentation |
| Phone/Email consultation = | \$160/hour pro-rated based on length of time in 15-minute increments. No charge if less than 15 minutes. |
| Off-site consultation = | \$160/hour + travel fee |
| Travel fee= | \$30 + tolls for up to 30 minutes of travel Additional travel time pro-rated at \$160/hour |
| School consultation = | \$320 + travel fee |
| Progress reports = | \$160/hour |
| Written home program= | \$160/hour |

Other fees:

Cancellations=

- Cancellations with less than 24 hours notice will be charged at \$80
- All other cancellations will be charged at \$40 unless rescheduled within 2 weeks
- 1 cancellation for illness can be made at no charge per trimester
- If there are 3 or more cancellations per trimester, you will be asked to change to our "Flexible Schedule" model. This allows for you to book treatment sessions based on your own schedule and the availability of therapists

** ALL cancellations **must** be made by phone or in writing*

| | |
|-----------------|---|
| Late pick-ups= | \$160/hour pro-rated on length of time |
| Returned Check= | \$30 + any bank fees |
| Late Payments = | \$20 & 4% interest on outstanding balance of 30 days or more from billing date |

I confirm that I have received and reviewed the Parent Policies and Procedures and agree to adhere to the terms stated.

Signature of Legal Guardian

Date

Print name

Relationship

Parent Policies

PLEASE RETAIN THIS FORM FOR YOUR RECORDS

Rates for Services:

FOR NEW CLIENTS

**A non-refundable down payment of \$80 is required to reserve your first session.*

Full Service Evaluation (for children 3 years and older): \$775 minimum for a 2 hour evaluation including standardized testing (as appropriate), clinical observations, and parent report. This evaluation is intended to determine whether occupational therapy is appropriate for your child, as well as to assess foundational skills and deficits, and to provide a more comprehensive understanding of how to best address your child's needs. The evaluation includes a comprehensive written report including accommodations and a home programs as well as a one-hour consultation to review the results and outline an intervention plan (as applicable). Additional testing, when necessary and/or requested, will be completed at a rate of \$160 per hour. A non-refundable \$150 down payment is required to schedule and reserve the evaluation appointment. The remaining balance is due upon completion of the evaluation.

Note: A current evaluation is required for ongoing therapy. An occupational therapy evaluation completed at another facility within the past one year is acceptable. If this option is chosen, first therapy session will be \$320, which includes review of previous reports and a parent conference to discuss the goals of therapy and the intervention plan.

Evaluation (for children under 3 years) \$160 per hour for evaluation, written report, and parent conference. Evaluation will include standardized testing (as appropriate), clinical observations, and parent report. This evaluation is intended to determine whether occupational therapy is appropriate for your child, as well as to assess foundational skills and deficits, and to provide a more comprehensive understanding of how to best address your child's needs.

Full Service Evaluation with School Consultation \$1095, inclusive of a full service evaluation and a 1 hour classroom observation, consultation with the teacher, travel time, and written recommendations.

Targeted Home Program Development: This service is \$320 and includes 1 hour of direct clinical observations of your child followed by the development of a home program and/or recommendations to address a specific area of concern. 4-12 follow-up appointments are generally recommended to assist in modifications to the home program, and these are billed at \$160/hour as individual treatment sessions as described below. *Note: This option is **not** appropriate for regular ongoing treatment intervention, or to address more than one area of concern.*

FOR EXISTING CLIENTS

(These services are available after completing an occupational therapy evaluation)

Fixed Schedule: Individual sessions are scheduled at a consistent time each day(s) of the week for ongoing therapy. This is typically the recommended scheduling approach, as it contributes to the fastest rate of progress.

Flexible Schedule: When consistent weekly sessions are not feasible, sessions can be booked on a session by session basis, based on your own schedule and therapist availability.

Individual Treatment Sessions: \$160 per hour. Treatment sessions are inclusive of a 55-minute session, plus 5 minutes for set-up and clean-up.

Note: Consultation with Parents and other Professionals is considered to be a critical component of therapy and leads to faster progress. Parent conferences are recommended and will be scheduled at 3 months to revisit recommendations and address specific problem areas.

Phone/Email Consultations: In order to best serve your child, we intend to keep open communication with families, and to collaborate with other caretakers and professionals involved in your child's life. There will be no extra charge for a phone or email consultation lasting up to 15 minutes. \$160/hour will be charged for phone conferences or emails lasting more than 15 minutes and will be pro-rated based on length of time in 15-minute increments.

Travel Fee: \$30 + tolls incurred for up to 30 minutes of travel. Additional travel time pro-rated at \$160/hour.

Off-site Consultations: Home or community-based consultations will be provided at \$160/hour plus travel fee.

School Consultations: \$320 plus travel fee. Includes an hour of combined classroom observation and teacher consultation, and written recommendations or materials. Follow up conversations with school staff are recommended and will be charged at a rate of \$160/hour pro-rated based on length of time.

Progress Reports: Progress reports and goal updates are completed every 6 months and will be charged at a rate of \$160/hour, pro-rated on length of time to complete (typically 30 to 60 minutes). Please let us know if your insurance plan has specific requirements in order to receive coverage. If you prefer to receive the progress report in place of your child's regularly-scheduled session, please let Ready Set GO Therapy know in advance.

Updated Individualized Home Programs: Updated individualized home programs will be developed, upon request, at a rate of \$160/hour.

Other fees

There is a \$30.00 fee for returned checks, in addition to any fees charged to us by our financial institution. A late fee of \$20 along with a 4% interest charge may be applicable if payment is not received within 30 days of billing date.

Cancellations

Consistency is critical to your child's progress. Our therapists are committed to meeting your family's goals. We do understand that conflicts or illness occasionally occur. If your child or another household member develops a contagious illness and has potentially exposed other children at our facility to the illness (for example conjunctivitis, chickenpox, head lice, or impetigo), Ready Set GO Therapy should be notified at once. We expect cancellations to be rescheduled. When a therapist must cancel, we will offer make-up sessions. The following cancellation policies apply:

- Cancellations with less than 24 hours notice will be charged a non-refundable fee of \$80
- All other cancellations will be charged at \$40 unless rescheduled within 2 weeks. Cancellations are discouraged and make-ups are dependent on therapists' availability. Make-up sessions may not match family's ideal availability and will require flexibility.
- If there are 3 or more cancellations per trimester, you will be asked to change to our "Flexible Schedule" model. This allows for you to book treatment sessions based on your own schedule and the availability of therapists.
- 1 cancellation for illness can be made at no charge per trimester (spring, summer, fall)
- **Cancellations must be made by phone or confirmed in writing. Verbal cancellations made during a session must be followed up via phone or email to 415-339-8800 or info@readyssetgotherapy.com**

Holidays

Ready Set GO Therapy, Inc. will be closed for New Year's Day, Thanksgiving, and Christmas. If you plan to be out of town on one of the following holidays, you will not be charged for cancellations as long as advanced notice is given.

Martin Luther King Jr Day
 President's Day
 Memorial Day
 4th of July
 Labor Day
 Day after Thanksgiving
 Christmas Eve
 Day after Christmas
 New Year's Eve

If you would like a session on a holiday, please let us know as some therapists may be able to accommodate this. Ready Set GO Therapy does not follow the school holiday schedule. Please contact us if you are unsure if we are open.

Payment

Payment is due on a monthly basis. If your child's last name starts with A-L, you will be billed in the middle of each month. If your child's last name starts with M-Z, you will be billed at the end of each month. Payment options include credit (we accept Master Card, Visa, and American Express), debit, or check. Cash will also be accepted if exact change is given, as we do not keep cash readily available as change. Ready Set GO Therapy, Inc. does not bill insurance. However, we will provide information needed to assist in receiving reimbursement, based on your individual policies. Please inform Ready Set GO Therapy, Inc. if any additional information is requested by your individual insurance policy. Charges are non-negotiable as agreed upon in service agreement. If payment is not made within one month of billing date, your child will no longer receive services until the account is up to date and charges may apply.

**Note: Rates are subject to change. A minimum of 2 weeks advanced written notice will be provided.*

Additional Considerations:

At your child's treatment session

Sessions are 55 minutes long with 5 minutes for preparation and transition. Therapists have very tight schedules and do not have the flexibility to have extended conversations without prior notice during a regular therapy day. Communication is important; if there are questions or comments that need to be discussed, the parent may request to have a shortened session with a private conference or set up an additional parent conference appointment.

To ensure everyone's safety, please do not allow children onto the mats or other equipment without the direct supervision of a therapist during your child's scheduled therapy session.

In addition, for the safety of your child, **Ready Set GO Therapy, Inc. asks that you are prompt in picking up your child at the end of his or her 55-minute session. Ready Set GO Therapy, Inc. is not responsible for supervising your child before the session has started, or after the session has ended. You will be charged at the regular therapy rate for late pick-ups.** If anyone other than the parent will be picking up your child, please notify Ready Set GO Therapy. We cannot accommodate children who are dropped off early for therapy sessions. Please make sure your child is supervised at all times prior to and after the therapy appointment.

Attire

Clothing that is well fitted to the child's body, casual (active wear), and seasonable will be appropriate. Your child may be invited to participate in messy play. Shoes are not permitted on areas with mats.

Pets

Service animals are permitted. Other pets are not allowed in the building due to allergies and potential sensitivity of children in the facility.

Emergency and Disaster Preparedness

In the case of evacuation due to a natural disaster or emergency, our established nearby meeting place is across the street, in front of Anchorage Restaurant (475 Gate 5 Rd # 105, Sausalito, CA 94965). If this location is not safe, our established meeting place is in front of Mollie Stones (100 Harbor Dr, Sausalito, CA 94965).

In the case of catastrophic emergency, we may be forced to cancel sessions. We will attempt to contact you as quickly as we are able to safely do so.

Discontinuing Services

The decision to discontinue services should be a collaborative decision between the family and the therapist, and typically occurs once a child's needs are able to be met through an established home program and/or other services within the community. If you decide to discontinue services, or are unable to continue sessions at your child's current time, a **2-week notice to discontinue is required** to avoid a cancellation charge.

Right to Refuse or Discontinue Services

Interpretation, recommendations, and treatment plans are based, in part, on the history and information that you provide Ready Set GO Therapy, Inc. If information about your child's medical/educational history, interventions, and needs are withheld, misrepresented, altered, or omitted, Ready Set GO Therapy, Inc. reserves the right to terminate the services. Services may be refused or discontinued due to non-payment of services, aggressive behavior, lack of progress, lack of cooperation, or a poor match between the needs of the family and skills of the therapist.

Therapists

We hand select our Occupational Therapists through an intensive application and hiring process and we have complete confidence that each therapist will uphold our high standard of practice.

Ready Set GO Therapy, Inc. takes pride in providing the highest quality service to your family and your child. If you have any questions, concerns, or feedback, please contact us.

Release of Information



READY SET GO
THERAPY
350 Gate 5 Road
Sausalito, CA 94965
Phone 415-339-8800
Fax 415-963-4243
info@readyssetgotherapy.com

I hereby authorize the exchange of medical, psychosocial, educational, and developmental information regarding _____
Print Child's Name _____ Date of Birth _____

Between: **READY SET GO THERAPY, INC.**
350 Gate Five Road
Sausalito, CA 94965
415-339-8800
info@readyssetgotherapy.com

And:
(Please list all applicable)

| | | |
|---------------|-----------------------|------------------------------|
| _____ Name | _____ Relationship | _____ Contact Information |
| _____ Name | _____ Relationship | _____ Contact Information |
| _____ Name | _____ Relationship | _____ Contact Information |
| _____ Name | _____ Relationship | _____ Contact Information |

This consent is valid and in effect for two years, unless written request to renew or withdraw this form is provided.

Authorized by:

Parent Name (print) _____

Signature _____

Date _____

Sensorimotor History



Please complete the following form to help us gain more information to determine the needs of your child:

Child's Name: _____ Date: _____

Person completing form: _____ Relationship to child: _____

Significant medical history including major illness, accidents or incidents, and date of occurrence:

Developmental History

Birth History

Circle All Applicable: Full term Premature Breech Caesarian Difficult labor Forceps Suction

Birth weight: _____

List any complications or other significant information regarding prenatal period/birth. *This information is important in our understanding of how to best approach intervention for your child, as it can impact sensory and motor development:*

Developmental Milestones

Circle All Applicable: Reflux/GI issues Colic Difficulty Sleeping Limited Self-Soothing Torticollis

Give approximate *age of mastery*, if known:

Rolling over: _____ 1-2 words: _____ Using Sentences: _____

Potty Training: Day: _____ Night: _____

Establishment of Regular Sleep/Wake Cycles: _____ Falling Asleep Independently: _____

Did your child master a smooth and symmetrical crawl for a minimum of 1-2 months? Yes / No

If no, please describe: _____

Do you notice any asymmetry in your child? Yes / No Describe: _____

Does your child sleep well? Yes / No Describe: _____

About Your Child:

Please describe your child's morning and evening routines (including level of assistance required):

What is your child's level of independence and/or ability to tolerate participation in dressing/undressing and completing self-care and grooming tasks (brushing teeth, bathing, washing/brushing hair):

Please describe mealtimes with your child. Include all relevant information, including where your child eats, whether he/she eat meals with the rest of the family, and level of assistance required for self-feeding:

Please describe the level of safety awareness your child exhibits at home and within the community:

Please list any concerns you have (if any) related to your child's social skills and interactions:

Is your child able to play independently? What are your child's favorite activities?

What things does your child seem to fear or avoid, if any?

Please list any questions or concerns that you would hope this screening/evaluation would answer?

Do you have any tips or strategies to suggest when working with your child?

What are your child's greatest strengths?

Is there anything else that you would like for us to know about your child?