

Attendance Policy

Hands of Hope Pediatric Therapy Center Attendance Standards:

Patients will need to maintain a 75% attendance rate in order to remain compliant with the Hands of Hope Attendance Policy

- A non-compliant patient may be given the opportunity to move to our probation schedule: This means:
 - The patient will lose their recurring weekly spot and it will become the responsibility of the parent/guardian to call our front office to schedule therapy for their child in accordance with the patient's planned frequency.
 - If efforts are not made by the parent/guardian to schedule their child's appropriate weekly or monthly (based on evaluating therapist's determined frequency) therapies, the patient will be discharged.
- Probation Schedule assignment and/or Discharge is always at the discretion of the therapist and clinic staff.

Probation Schedule/Discharge will be validated by:

- Attendance policy non-compliance
- Caregiver does not adhere to Hands of Hope communication standards
- Any absence qualifying as a no-show
- Consistent cancellations without proper doctor's excuse

No Show:

- No shows are missed appointments where no attempt was made to communicate the absence to Hands of Hope staff more than 24 hours before appointment time.
- A no show will result in automatic non-compliance and the patient could be transferred to our probation schedule or discharged.

Cancellation:

- I understand that if my child becomes ill I should cancel therapy until my child has remained fever-free (without pain relievers) and/or symptom-free for at least 24 hours. Symptoms include diarrhea, vomiting, rashes, strep throat, and severe cold/flu symptoms as determined.
- I understand if I have to cancel due to my child's illness, that I should take my child to see a doctor for treatment and provide Hands of Hope with a valid doctor's excuse in order to have the cancellation not count against the child's attendance.
- I understand that Hands of Hope Children's Therapy will try to reschedule any therapy sessions during the same week when the visit is canceled by either the

patient or the therapist. This may not always be possible due to weekly standing appointments.

Communication Standards:

Communication with therapists is necessary in order to receive consistent and meaningful therapeutic sessions. If a parent/guardian remains non-compliant with communication, the therapist has the authority to discontinue services without notice. This includes not responding to texts/calls from staff at Hands of Hope. If you are contacted by a staff member or therapist to offer or confirm an appointment, the parent/guardian will be required to respond before the end of the work day, 5:00pm, to keep their appointment time and remain compliant.

Attendance Notice

Successful and progressive pediatric therapy treatment can only be achieved with consistent therapy visits. We ask that parents work with their therapy team and are honest about availability and ability to make consistent therapy services.

Before an initial evaluation is scheduled, parents/guardians will be reached out to by office staff to determine general availability. This is with the intention of finding a consistent treatment spot available with one of our therapists. If a child qualifies for services before finding a consistent, weekly, or monthly appointment, the caregivers will be made aware that their child will be on our “flex schedule”.

A patient with recurring appointment times will be moved to the probation schedule if attendance/communication is not in accordance with the Hands of Hope attendance Policy.

Flex Schedule:

- Assigned to patients who were evaluated but do not have a consistent therapy time.

Our goal is to help as many patients progress as possible. Patients on our flex schedule will be reached out to by the office staff about available appointment times for the week. Once a recurring opening becomes available that fits the patient's needs and therapist's availability, they will be removed from the flex schedule. Excessive denials for offered appointment times and/or non-compliance with our attendance/communication policy will result in the patient moving to our probation schedule.

Probation Schedule:

- Assigned to patients who are non-compliant with Hands of Hope's attendance policy.

- Patients who have excessive cancellations/no-shows/denied offered appointments or lack of communication that has caused missed appointments and scheduling discrepancies (this is left up to the discretion of Hands of Hope staff).

Patients on our probation schedule will be responsible for calling the office weekly to ask for available appointments. No appointment times or therapists can be guaranteed. Once a patient is not scheduled for 2 weeks, (whether due to denial of offered appointments or negligence in calling Hands of Hope to set up appointments) the patient will be discharged without notice. If a caregiver refuses 4 cancellation slots in a 30-day period, this will result in discharge without notice.

Privacy Notice

This notice describes our practices at Hands of Hope Children's Therapy Center, LLC regarding your protected health information (PHI). We are committed to protecting information about you and your health. In order to provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive from us. This notice applies to all of our records.

We are required by law to:

- Maintain the privacy of your information
- Give you this notice of our legal duties and privacy practices related to your information.
- Follow the terms of the notice that is currently in effect.

How we may use and disclose information about you:

- Treatment: We may use and disclose PHI to treat or provide services to you.
- Payment: We may use and disclose PHI so that we can bill and be paid for the treatment and services you receive from us. (ie: insurance)
- Health Care Operations: We may use and disclose PHI as needed to carry out organizational needs to improve the quality of care.
- Organized Health Arrangement: We may disclose information to other healthcare providers participating in an organized healthcare arrangement (referral, specialist, physical therapy, occupational therapy, speech pathology).
- Other: We may use or disclose PHI for the following purposes:
 - Appointment reminders
 - Report lab work and test results
 - To avert a threat to health or safety
 - Public Health activities
 - Lawsuits and disputes
 - Correctional Institutions
 - Government functions
 - Custodial law enforcement

Privacy Notice cont.

Your rights regarding your information:

Right to inspect and copy: You have the right to inspect and obtain a copy of the PHI contained in your medical record. You must submit your request in writing to the Office Manager. In some cases, we may deny your request.

Right to Amend: you have a right to request an amendment of your PHI. You must submit your request along with the reason for the amendment in writing to the Office Manager. We are not obligated to make all requested amendments. But we will give each request careful consideration. We may deny your request to change information that (a) was not created by us, (b) is not a part of the medical information kept by us, and (c) is noted to be accurate and complete.

Right to Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your medical information made by us after January 1, 2013, not including disclosures (a) made to you, (b) as a result of your specific written permission, (c) for treatment, payment, health services, etc. You must submit your request in writing.

- The first list you request is free. We may charge you for the costs of additional lists provided within a 12-month period.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. These requests must be made in writing to our Office Manager.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location. You must submit your request for confidential communications in writing. We will honor reasonable requests.

Right to a Paper copy of this Notice: you have the right to a paper copy of this notice at any time.

Changes to this notice: we reserve the right to change this notice and apply any changes to all PHI that we maintain.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. Your complaint must be in writing and submitted to our Office Manager. You will not be penalized for filing a complaint.

PARENT/CAREGIVER COPY
PLEASE KEEP FOR YOUR RECORDS

NOTICE OF PRIVACY PRACTICES

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

- The right to inspect and copy your information;
- The right to request corrections to your information;
- The right to request that your information be restricted;
- The right to request confidential communications;
- The right to a report of disclosures of your information; and
- The right to a paper copy of this notice should you desire.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will ensure that your information remains private.

PARENT/CAREGIVER COPY

PLEASE KEEP FOR YOUR RECORDS

Hands of Hope Children's Therapy Center, LLC

1716 Bypass 72 NE * Greenwood, SC 29649

Phone (864) 229-7529 Fax (864) 229-7530

Patient Copy of Financial Policies

Babynet/Medicaid: You will not be charged if you currently have these services.

Commercial Insurance Carriers: We will bill commercial insurance carriers as a courtesy to you if you provide accurate and complete information. Copayments, co-insurance, and/or deductibles are due prior to checking in for your appointments. If a service is provided that is not covered by your insurance company, you will be responsible for payment upon denial of claim. Since your agreement with your insurance carrier is a private one, we do not research why an insurance carrier has not paid or why they paid less than anticipated for care. If your insurance carrier has not paid within 30 days of billing, fees are due and payable in full from the guarantor. In special cases, we may need your help in contacting your insurance company. Due to the possibility the insurance determines an amount due to client responsibility, the guarantor will be contacted and required to set up and sign a payment agreement.

Self-Pay: Clients who are not covered by any insurance plan will be billed directly to the guarantor. Initial evaluations and re-evaluations are \$150 each and treatment sessions are \$110 per hour for out-of-pocket patients. Payment is due at the time of service. We can accept cash, checks, or credit cards. The guarantor will be contacted and required to set up and sign a payment agreement.

Hands of Hope Payment Agreement: Co-payments will be collected before services are rendered. If a service is not covered by your insurance company, you will be responsible for payment at the time of service or upon denial of coverage by your insurance carrier. Payment is required at treatment sessions for all balances on your account. The balance on your statement is due and payable when the statement is issued. All balances after 30 days are subject to a 3% late charge and balances over 60 days will be subject to a 6% charge. This agreement is made between Hope Campbell and the patient's guarantor and will be emailed and signed as a legal and binding document.

It is the goal of Hands of Hope Children's Therapy Center to ensure that every child qualifying for services receives them as needed. These services are valuable for a child's development. The guarantor agrees to pay for services as noted in the financial policy. The guarantor is responsible for paying as agreed and is required to present a valid insurance card and is responsible for updating the office of any changes. If insurance changes are not communicated to Hands of Hope the guarantor may be responsible for full payment.

Methods of payment: Credit Card, Cash, or Personal Check. For returned checks, we assess a \$35.00 non-sufficient funds charge and report to the local district attorney's office checks that are not paid within 2 weeks of being returned to our office.

If not paid according to terms, the patient understands that our office reports to an outside collection agency. In the event that your account is turned over for collections, the guarantor agrees to pay all additional fees assessed in the collection of the debt. These fees include collection agency fees and attorney fees.

It is your responsibility to notify our office staff of any changes to your insurance. Fees incurred as a result of changes that were made due to you not notifying our office will be your responsibility to pay.

Please take this page for your records