



BOLD Pediatric Therapy Center

1815 NW 169th Place, Suite 3070

Beaverton, Oregon 97006

Phone 971-249-2653

Fax 503-747-4373

boldpediatrictherapy.com

Your Clinician name: _____ Treatment schedule: _____

Contact email for this clinician: _____

BOLD Pediatric Therapy Center is pleased to begin working with you and your child. Our goal is to support your family to optimize learning and functional development through creative and innovative approaches to care with your child.

Attendance and Expectations: Please plan to have a parent or caregiver attend each therapy session. It is important for parents and clinicians to collaborate together in a therapeutic journey with your child. We will ask you about your goals for your child and establish a plan of care for the “episode of care” or the specific “focus of concern” for therapy. Be prepared to participate in the therapy process as we will provide you with home activities to perform between sessions. Siblings may participate in therapy but parent/caregiver must supervise siblings throughout the session and remain in the same treatment space as their sibling.

Education: BOLD Pediatric Therapy Center is committed to professional education and partners with universities in the education of occupational therapy and speech language therapy students. These students may participate in therapy sessions with you child, under the supervision of the licensed therapist. In preparation for graduate school students may also require volunteer hours in the profession. BOLD Pediatric Therapy Center has an established volunteer program throughout the year. By signing this form, you are agreeing to participate in the student program. Your clinician will discuss this with you prior to a student or volunteer in the session.

Payments: You are responsible for payment at the time of service including those payments not covered by your insurance company such as a co-payment, co-insurance and deductible amounts or if you are paying privately. BOLD Pediatric Therapy Center does not guarantee the amount the insurance company will pay. You should contact the insurance company directly with any questions about your specific insurance plan. You must notify us as soon as possible if there is a change in your insurance or if your child is receiving services at another facility as it may impact your insurance coverage with our facility. You will be responsible for payment of services that are not covered during any transition period.

Clinic Closures:

BOLD Pediatric Therapy Center follows Beaverton Public School District closures and delayed openings due to weather. These closures and delays are announced on local news and radio stations, as well as online. If your clinician can make it into BOLD Center, we will contact you to make special arrangements

We will post closures and delays on our Facebook page:

(<https://www.facebook.com/BOLDpediatrictherapy/>)

BOLD Pediatric Therapy Center will be closed on the following holidays: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day.

Cancelations and No Shows: We understand that delays can happen, and we are also committed to ensuring other patients are seen on time. If a patient arrives 15 minutes past their scheduled time, we will attempt to reschedule the appointment to another day or time to avoid the no-show fee.

- **Failure to notify us when you are not able to attend a session will result in a no-show fee of \$50.**
- **Last minute cancelation with less than two hours-notice will result in no-show fee of \$50.**
- **If there are 2 no-show appointments, your child will be removed from the schedule.**

If you know you will be unable to attend a session, please notify us as soon as you are aware of this change so that we might be able to reschedule the appointment and offer this time to a child waiting for services.

This is page 2 of the BOLD Participation and Attendance Policy, provided on the first visit to BOLD Pediatric Therapy Center.

Please initial that you have received a copy of BOLD Participation and Attendance Policy and that you agree to participate in the therapeutic process as outlined in this document.

Printed name of parent /caregiver/ guardian.

Signature

Printed name of child

Date signed