**WELCOME!**

Thank you for choosing Therapy In Your Home as your therapy provider! Our goal is your satisfaction and success with therapy.

We have the following suggestions for making your therapy visits successful.

**Know your therapist and confirm scheduling:**

* These are your visits; share your goals and/or concerns with your therapist.
* Confirm a schedule that works for you
* 24 hours advanced notice is required if you need to cancel a session. Please confirm contact information for the therapist so you may arrange how you will contact him or her prior to the day of your visit. If there is no 24-hour or more cancelation for a set appointment you will be charged *at least half the cost of a visit*.
* Please keep a notebook in your home where your therapist can keep track of visits for you.
* A visit is 45 minutes to an hour, prorated for time after one hour.

**Involve your doctor:**

* We attain your doctor’s signature acknowledging our involvement and that our medical history is complete. We can send notes to him/her at your request.
* Please send a copy of your prescriptions and over the counter medicines.

**Communicate with us:**

* Communication leads to better therapy results. Sometimes you can save money if we can work things out without making a visit. Because this communication utilizes our skills just like therapy does, we bill you for our time when it adds up to more than 15 minutes a week.
* We encourage you to contact us by telephone and email. TIYH wants to hear your suggestions and desires.
* Please contact me if you have any questions or have concerns about financial issues.
* Also see specific items under Responsibilities below.

**Consent:**

I agree to services by a contractor from Therapy In Your Home – OT, PT, ST. I have provided the medical and other relevant information to the best of my ability and I will pay for services monthly or when billed.

Therapy In Your Home – OT, PT, ST (TIYH) agrees to provide services based on the information provided, observations and future communication and will send a bill or bill insurance at least monthly.

**Rights:**

I have the right to quality service, to know if the service is covered by insurance, to review my progress as therapy continues and to be informed of decisions about care. I understand that I can stop therapy at any time. I have the right to review my medical records and know that confidentiality of medical records will be maintained. I give my permission for Therapy In Your Home to consult with other providers of my care except when I request that an individual/agency or piece of information not be shared. (Note this information on the payment page)

TIYH retains the right to stop therapy at any time if therapy does not seem appropriate or safe or for lack of payment.

**Responsibilities:**

I am responsible for informing my therapist a day ahead of any cancelled visit or be charged for at least a half session (this cost will be paid by me, not billed to insurance or Medicare.)

I am responsible for informing Therapy In Your Home of any changes in insurance, phone numbers and addresses. I am responsible for cost of therapy if I have not informed Therapy In Your Home of insurance changes such as moving to a Medicare Advantage Program.

I am responsible for informing my therapist of any changes in condition, medications, physicians or insurance. I am responsible for a safe and healthy environment for care.

I am responsible for knowing the PT Board’s regulations and consumer rights document, available at [www.ptbc.ca.gov](http://www.ptbc.ca.gov) and on our website under Paperwork to get started.

**Release of Information**

TIYH agrees to provide information to client as well as any other representatives, family, caregivers or health care providers according to HIPAA guidelines as shown on our website. <http://therapyinyourhome.net/paperwork-to-get-started/>

There may be an additional charge for this communication showing on the bill from us. It will not be covered by Medicare/Insurance. Please inform us of anyone who you do NOT want us to communicate with.

**Consent for Video and Pictures**

Videos and pictures have become an essential part of therapy and communicating progress to you and other providers. You have the right to refuse or limit the use of this medium. (Please note this on the payment page).

Enclosed is a Payment Information sheet applicable to your payment choice. Please SIGN AND DATE THE PAYMENT PAGE AS YOUR ACKNOWLEDGEMENT of the above mentioned agreement, rights, and responsibilities.