



Thrive Therapy

Together We Grow

**Parent Handbook
2019-2020
ABA, Speech, OT**

Thrive Therapy
2825 Valley View Lane, #100
Farmers Branch, TX 75234
www.ThriveTherapyTx.com
info@ThriveTherapyTx.com
214-736-8376



Dear Parents:

We would like to welcome your family to Thrive Therapy, where combined therapies will help your child grow! Whether your child is receiving one or all of our pediatric therapies, rest assured that he/she will be in the best hands with qualified therapists and technicians with years of experience. Not only do they believe in the therapies they provide, they are committed to collaborating and working together. I opened Thrive Therapy in 2014 to ensure that therapists, teachers, and parents work together to help your child **THRIVE**.

Our mission at Thrive Therapy is to provide combined pediatric therapies for children with Autism Spectrum Disorders and/or other developmental delays in one convenient location, which may include your home or child's school. We hope to give parents peace of mind and make life a little easier. Thrive Therapy's core values are to collaborate, accommodate, and to provide superior service while being honest, reliable, and trustworthy. Our vision is to change the lives of exceptional children with comprehensive, collaborative, and individualized programs that will be administered by compassionate professionals who love what they do.

Again, we want to help you...Mom, Dad, Grandma, Grandpa, Nanny, and Caregiver! We appreciate you trusting us with your most prized possession. We will not let you down. In fact, if you notice that we are not following through on our promises, please call me at 214-736-8376 ext. 104. My name is Charity Purcell. I am the owner of Thrive Therapy and Founder of Merit Academy, and I welcome your feedback. So please do not hesitate to call. Again, welcome to Thrive. Together we will grow!

Sincerely,



Charity Purcell

Our Mission

Thrive Therapy is committed to providing collaborative pediatric therapy for children with Autism Spectrum Disorders, developmental or chromosomal conditions, language delays, and speech disorders in one convenient location, which may include your home or child's school.

Core Values

Collaboration: Together everyone accomplishes more

Accommodation: Our families' needs come first

Superior Service: Competent, comprehensive care

Ethical Practices: Honorable, reliable, and trustworthy

Vision

Supporting children with Autism Spectrum Disorders, developmental or chromosomal conditions, language delays, and speech disorders and their families with collaborative, convenient, and comprehensive therapy helping them thrive in the world.

Parent Involvement

At Thrive Therapy, all planning and program development takes place in a collaborative team approach, including the client's parents or legal guardian. As appropriate, clients who are able to participate in team meetings will be included, particularly in the area of goal setting as well as for specific training in parent-child interactions, communication techniques, generalization procedures, and in-home support as needed. Parents can schedule quarterly team meetings to review progress, assessments, and behavior.

ABA Parent Involvement

Parents must participate in their child's therapy, including parent training or observing. This is a requirement for insurance companies and must be documented and signed off by the BCBA. Parent training and observations can begin 2 weeks after the child's enrollment day; this allows the child to adjust to their therapy program. In an effort to uphold one of the dimensions of Applied Behavior Analysis, transparency in the treatment services we provide to your child, we welcome parents to visit and attend sessions at any time.

Speech and OT Parent Involvement

At Thrive Therapy, we encourage our parents to observe and learn during our speech and OT therapy sessions. Our therapist's will provide parent feedback and ideas for in-home practice. However, we ask that parents give at least 1 week for the therapist and child to adjust to the program.

Photo and Video

Photographing and videotaping by non-Thrive employees is NOT permitted due to client privacy and confidentiality. However, Merit Academy is in the same building as Thrive Therapy. Merit Academy children are sometimes photographed for Merit Academy purposes. We do not allow pictures of Thrive Therapy clients without signed consent (see Media Release Form).

Thrive Therapy and Merit Academy have a secured closed-circuit video surveillance system with a camera in each room. The system is in place for client and staff safety, as well as to ensure fidelity in treatment. Thrive management staff may review the camera footage for training purposes. Parents are welcome to observe their child on the video surveillance systems at any time.

Parent Communication

No information will be given to others regarding any client without a parent or guardian's signed release. No information on other staff members will be provided to parents without prior approval. Daily parent communication is the responsibility of the therapist. They will be expected to report any severe behavior or health concerns while clients are at the clinic to administrators and document it on an incident report and/or have administrators communicate the events to the parent/guardian. In addition, if services are rendered in the home/school setting, it is expected that the caretaker will immediately report any severe behavior or health/injury concerns prior to a session beginning to the lead therapist to be noted in the treatment plan and to plan accordingly.

Parents will have access to log in to see progress notes and are always welcome to reach out to therapists with questions or concerns via email or phone.

All correspondence with Thrive staff must be in person, via Thrive's phone/email system, or via the Central Reach communication system; not therapists' personal phones or personal email accounts.

Child Protective Services

All employees are mandated to report any suspicion of child maltreatment and must immediately notify their supervisor who will contact the appropriate authorities.

Thrive Therapy will report suspected child abuse or neglect as required by Texas Family Code to the local and state law enforcement agencies and Child Protective Services of the Department of Human Resources.

Thrive Therapy shall ensure that any person who is indicted, the subject of an official criminal complaint accepted by a county or district attorney, or if a district attorney alleges he/she committed any of the offenses listed below may not be at the center while the children are in attendance and shall not have contact with the children until the charges are resolved:

- A felony or misdemeanor classified as an offense against the person or facility
- A felony or misdemeanor classified as public indecency
- A felony violation of any law intended to control possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.

ABA Employee Information

All of our therapists are encouraged to become Registered Behavior Technicians. The Registered Behavior Technician™ (RBT™) is a paraprofessional who practices under the close, ongoing supervision of a BCBA, BCaBA, or FL-CBA. The RBT is primarily responsible for the direct implementation of behavior-analytic services (www.bacb.com/rbt). All RBTs must possess a minimum of a high school diploma or national equivalent, complete 40 hours of training, complete a criminal background check, pass the RBT Competency Assessment, and pass the RBT examination. RBTs are also required to annually pass the RBT Competency Assessment, complete a renewal, receive ongoing supervision, and comply with the BACB's ethics requirements relevant to RBTs. Our RBTs are CPR and First Aid trained and are required to complete a seizure-training course. All staff who have direct contact with clients, not just the RBTs at Thrive, must pass a criminal background check.

Confidentiality of Information

Employees must abide by all state and federal laws, rules, and regulations and Thrive Therapy's policy on respecting and keeping confidential information. Employees must not divulge any information, including electronic information concerning any client, family member or staff to any unauthorized person. (See HIPAA)

Ethical Considerations

Thrive Therapy follows the following guidelines related to ethical and professional standards:

- The Health Insurance Portability and Accountability Act (HIPAA)
- Professional and Ethical Compliance Code for Behavior Analysts (BACB)
- American Speech-Language-Hearing Association Code of Ethics (ASHA)
- American Occupational Therapy Association Code of Ethics (AOTA)
- Bill of Rights for the Developmentally Disabled

Dispute Resolution

In the event that a dispute arises that relates in any way to the services provided by Thrive Therapy, we encourage you to attempt to resolve matters in good faith with the management team. The office administrative staff or office managers will be happy to work with you on resolving any concerns. You may email Haley@ThriveTherapyTX.com or call 214-736-8376, extension 104 to reach Haley or Charity, the owner.

Scheduling Request & Scheduling Policy

On the following page you will find a scheduling request form for your preferred ABA therapy schedule. This form is to be filled out and turned in before services start and again at the beginning of each quarter. A form will be sent out 3 weeks prior to the start of Spring, Summer, Fall, and Winter. We strive to give everyone their preferred schedule, but scheduling does occur on a first come, first serve basis. Please be sure to adhere to all deadlines and verify your child's insurance treatment hours prior to turning in forms. Any changes or special requests to an established schedule should be made via email at least one week prior to Absent@ThriveTherapyTX.com for our scheduling team to try to accommodate your request.

Thrive Therapy ABA/Speech/OT Preferred Schedule Request

Please write ABA, ST, and/or OT in your preferred time slots:

CLINIC HOURS:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							

In-Home HOURS:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							



School or Daycare Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							

Please write any additional information or details in addition to your preferences for therapy in the below:



Speech Therapy and Occupational Therapy - Cancellation Policy

Regular attendance is essential for your child's growth in therapy. A cancellation policy has been put into place to ensure smooth operations and keep costs as low as possible. Scheduled sessions are reserved especially for your child based on the Service Agreement. Therefore, that time cannot be used to treat another child and is time lost to the therapy center.

- Excused Cancellation: We understand things come up that are out of your control, so each child is allotted 5 cancelled therapy sessions per calendar year with 24-hour notice. These are to be used for illness, vacation, doctor appointments, etc. You must email Absent@ThriveTherapyTX.com to cancel a session for written documentation of a cancellation.
- Late Policy: If the client is over five minutes late, or if the client is over 5 minutes late being picked up, the unit of time missed will be billed as private pay as it may not be billed to the insurance company.
- Non-excused Cancellation: If 24-hour notice is not given, a cancellation fee of **\$25** will be charged per half hour. No-shows and all unexpected cancellations exceeding the 5 allotted days per year will be charged at 100% of the standard therapy rate. Sessions will be billed weekly and expected to be paid promptly to continue services
 - **NOTE: Insurance cannot be billed for missed sessions and the Client will be responsible.**
- Vacation Hold: If your child will miss one or more weeks of his/her planned speech therapy sessions due to traveling/vacation, you must email Absent@ThriveTherapyTX.com to submit notice.
 - **NOTE: Your child's session times may be filled with such an absence and different arrangements may need to be made after they return for services.**
- **Emails are the best way to communicate cancellations. Please email Absent@ThriveTherapyTX.com with the date, time, and reason for absence at least 24 hours in advance.**
- If a session is cancelled, and you would like to reschedule, please let us know. We will try our best to reschedule the appointment within the month. If the appointment time requested is not available we will place you on our waiting list. If another client cancels their appointment, we will contact clients on the waiting list on a first come, first serve basis.

ABA Therapy - Cancellation Policy

Regular attendance is essential for your child's progress in therapy. A cancellation policy has been put in place to ensure smooth operations and keep costs as low as possible. Scheduled sessions are reserved especially for your child based on the individual treatment and the schedule set forth at the initiation of services. Therefore, that time cannot be used to treat another child, and it is time lost to the therapy center. We take scheduling seriously. Attendance impacts not only your child's treatment but also our therapist's livelihood. **Please notify staff of absences by sending an email to Absent@ThriveTherapyTX.com, with 24-hour notice.** The email will be sent to all clinical staff so that we may plan accordingly.

- **Excused Cancellation:** We understand things come up that are out of your control, so each child is allotted 10 days of cancellations per calendar year with 24-hour notice. This includes in-home and school settings. These are to be used for illness, vacation, doctor appointments, etc.
- **Non-excused Cancellation:** If 24-hour notice is not given, a cancellation fee of **\$25** will be charged per half hour. No-shows and all unexpected cancellations exceeding the 10 days per year will be charged at 100% of the standard therapy rate. This includes in-home and school settings. Sessions will be billed weekly and expected to be paid promptly to continue services.
 - **NOTE: Insurance cannot be billed for missed sessions, and the client will be responsible.**
 - **Late Drop-off and Pick-up Fee:** There will be a **\$1 per minute after the scheduled start or end time.** This includes in-home and school settings. **NOTE: Insurance cannot be billed for this fee, and the client will be responsible.** Late fees will be billed weekly and expected to be paid promptly to avoid an interruption in services.
- Please contact Thrive in writing for any cancellations or scheduling conflicts at Absent@ThriveTherapyTX.com. All communication about content of therapy should be sent to your child's lead therapist. If you are unsure of who the direct point of contact should be, please contact the office at 214-736-8376 ext. 101.
- Therapy sessions are reserved for your child. We are rarely able to fill cancelled sessions, unless we know about the cancellation in advance. If more than 20% of scheduled sessions are missed within a 6-month period, we reserve the right to dis-enroll the child from the program and offer the time slot to someone else.

- We consider our Parent Training to be very important and expect you to do the same. Please try not to miss appointments. If you must cancel, please provide notice to Thrive Therapy at the earliest time possible, preferably within 48 hours. Please send an email to Absent@ThriveTherapyTX.com. If you do not give at least 24 hours notice, you may be charged \$100 for a missed Parent Training. This charge is not billable to insurance, and you will be responsible for the fee.

There will be a charge of \$125 in the event that the session is missed upon arrival for an in-home Parent Training. Insurance or funding providers will not pay for cancelled appointments, and therefore, payment of any cancelled appointments is the responsibility of the parent. Face-to-face service hours begin when the BCBA or therapist arrives at the client's home or other specified location. The therapist must wait 15 minutes if the child is not there at the scheduled therapy time, and the therapist is then allowed to leave. The child will then be considered absent and you will be charged (\$25/half hour) for the session. All missed sessions after the 10 allotted will be charged at 100% of the therapy rate. Again, this is not billable to insurance.

- If your family is planning an extended vacation (more than 1 week), please inform the therapist and supervisor. We will make an effort to reserve the spot for your child but cannot guarantee that your child will work with the same therapist upon their return.
- A therapist cannot change appointment times for sessions. All scheduling requests must be submitted to absent@thrivetherapytx.com at least 24 hours prior to the schedule change.
- If a session is cancelled, and you would like to reschedule, please let us know. We will try our best to reschedule the appointment within the month. If the appointment time requested is not available we will place you on our waiting list. If another client cancels their appointment, we will contact clients on the waiting list on a first come, first serve basis.

Transition/ Discharge Criteria

The child will be discharged when:

- He/she successfully achieves all treatment or therapy goals
- Parents/guardians request to withdraw from program or therapy, and give a notice at least 30 business days in advance.
- He/she has attendance that does not comply with Thrive Therapy's attendance policy
- Financially responsible party does not comply to Thrive Therapy's financial agreement

Illness

Any child who appears ill will not be admitted to the clinic and/or receive scheduled therapy in the home or school setting unless approved in writing by a licensed medical doctor. If a child becomes ill at the clinic or any therapy session, Thrive will notify a parent/guardian. He/she must be picked up within one hour and will not be able to return to the clinic, or an in-home/school session will be cancelled immediately and may not be continued until free of symptoms for 24 hours.

Please keep your child at home if she/he has had any of the symptoms below, and remember to cancel home/school sessions if anyone in the home has had any of the following within 24 hours so as to prevent therapists from being exposed:

TEMPERATURE OVER 100 DEGREES, undiagnosed rash, fever, vomiting (not sensory related), and/or diarrhea. Texas law excludes a child from attending the clinic if they have or are suspected of having a communicable condition until one of the criteria for re-admission is fulfilled. These include but are not limited to:

- Mumps
- Pin Worm
- Communicable Disease
- Chicken Pox
- Strep Throat
- Foot/Mouth Disease
- Measles
- Lice
- Vomiting
- Diarrhea
- Pink Eye
- Staph
- Pneumonia
- Rash

Thrive Therapy adheres to state and federal guidelines outlined by the department of health in reporting confirmed and suspected cases of infectious disease(s). If any staff member of Thrive Therapy or a caregiver suspects or confirms infectious disease in an individual, they are obligated to report it to their local or regional health department. Thrive Therapy informs individuals and their caregivers of the reporting protocols and ensures that they are aware that Thrive Therapy staff are required to report suspected or confirmed cases to this number: 1-800-705-8868. Acknowledgement of the hotline number and reporting protocol is updated annually, along with other consent documents.

If Thrive Therapy staff suspects an infectious disease, they are instructed to contact the hotline first; then notify the Clinical Director of Thrive Therapy or the appropriate supervisor. The Clinical Director is responsible for contacting the individual's support coordinator and ensuring that an infectious disease report is completed and maintained in the individual's file as well as sent to the appropriate authorities. If a Thrive Therapy staff member is diagnosed with an infectious disease and is deemed a health hazard for clients, the therapist may not be allowed to provide direct services until cleared to resume therapeutic services by a medical Doctor.

Parents are asked to use the same guidelines used in a school – if a child (or sibling) is too sick to attend school, he or she is too sick to participate in his/her therapy session. Therapy will resume as soon as the child's doctor clears him/her of being contagious. If a therapist arrives at the home and the child is sick, the therapist will not be able to work with your child until your child has been fever-free or not contagious for at least 24 hours. Charges may apply if therapist arrives and must cancel the session due to illness.

Communicable Diseases

Federal and state laws protect AIDS victims' rights to attend therapy. A patient with chronic reportable disease (including AIDS or HIV infection) is allowed to attend therapy in the usual setting unless the local health authorities and the patient's doctor determine that risk of transmission exists. If it is so determined, the patient may be temporarily removed from the therapeutic setting until the local health authorities determine the risk has been abated and the patient can return to therapy.

Children 2 years and up may attend group settings unless the child has subcutaneous (skin) eruption or weeping lesions that cannot be covered, clinical evidence of infection with AIDS associated with the virus HIV, chicken pox, or measles.

Medication

A full medical history and list of current medications/supplements is required to be on file. Please notify the Clinical Director of any changes in medications/supplements because it can affect the child's behavior, and every change must be noted in the treatment plan. Therapists/staff will not be permitted to dispense any medications/supplements. Supplements include any that must be mixed with food or liquid; so please DO NOT pre-mix them and then send them to the clinic in your child's lunch box. If your child requires medication daily and is receiving therapy in the clinic, please let the Clinical Director know so that we may have your child in the waiting room for the parent to come administer the medication at the appropriate time. Emergency medication will be documented and approved on a case-by-case basis.

Medical Emergencies & Sentinel Event Procedures

Our first priority is the safety of your child. In the unlikely event, you will be notified immediately once we have ensured the safety of your child. **It is imperative that all medical enrollment forms are always current.** If a medical emergency occurs, we depend upon the information to contact you and your designated physician and/or hospital.

Thrive Therapy has never experienced a Sentinel event, but staff have trained for potential events in order to improve care, treatment, and services while preventing harm or injury. We meet weekly to discuss potential events and collaborate on preventative strategies to reduce the probability of such an event occurring. To increase general knowledge and patient safety we simulate events and

conduct drills often for training. We continually assess safety plans and maintenance to maintain the confidence of the families we serve, maintain the trust of other providers, and to communicate to the community that safety of clients is a priority at Thrive Therapy. Drills include prevention plans, team responses, reporting, investigating, and implementing response modifications to policies on potential events relevant to our population (ie: Elopement, Head Injuries from Tantrum Behavior, Self-Injurious Behaviors, etc.).

Nonviolent Crisis Intervention

All of Thrive Therapy’s staff are required to participate in CPI (Crisis Prevention Institute) training. By using the *Nonviolent Crisis Intervention*® training through CPI as part of comprehensive crisis prevention and intervention plan, our staff learns how to defuse challenging and disruptive behavior before an incident escalates to a crisis situation. The emphasis of *Nonviolent Crisis Intervention*® training is on using physical interventions only as a last resort. The strong focus on verbal de-escalation techniques minimizes the need for physical interventions to further support a “hands-off” policy. While the majority of the training is on preventive techniques and verbal de-escalation, safe and non-harmful control techniques are also taught. This leads to fewer disruptive incidents because more behavior is defused before it becomes physical. If you have any questions or concerns, please contact Charity Purcell at 214-736-8376, extension 104.

Crisis Management

Given the nature of the challenges individuals who participate in our services face, it is not uncommon for a client to engage in risk behavior that may endanger self or others. If this occurs, the crisis will be managed using the least intrusive and safest strategies to curtail the behavior. Thrive Therapy makes every effort to avoid provoking this type of behavior unnecessarily and to respond quickly to address problems as soon as they arise (e.g., through prompting communication, presenting choices or assistance, clarifying expectations, or using redirection). If the individual becomes aggressive or self-injurious, these behaviors may be managed by blocking strikes, removing the person or others, changing the surroundings, or utilizing crisis prevention and intervention strategies (CPI) to ensure safety, welfare, care, and security for the client and staff. Specific crisis management procedures will be incorporated into the individual’s behavior support plan.

For more information on CPI, please go to www.CrisisPrevention.com. Thrive Therapy’s owner, Charity, is a CPI trainer and requires all staff to be trained. She is always welcome to any questions.

Disaster Plan

At the clinic or in a school setting:

In case of a fire, all children will be escorted out of the building with their therapist. Emergency contacts will be taken out, and parents will be notified by phone as everyone waits in a safe location together. In case of a weather-related emergency, all children and any other people in the facility will be escorted to the innermost room. Weather will be tracked while staff maintains supervision. All emergency contacts for children will be notified by phone.

In-Home setting:

Therapists will create an individualized disaster plan for clients with the onset of in-home services. It will be an “All Hazards Approach” that will include accident/injury preventions as well as emergency responses to disasters. All families are required to abide by the agreed prevention plan and provide a safe space for the therapist and patient as well as easy access to exits in case of a fire.

Hazardous Materials

No hazardous materials are stored in the clinic at Thrive Therapy, and no hazardous materials should be present in the home or school setting during therapy sessions. Precautions and prevention plans will be created and implemented for in-home sessions.

In the event of a spill of bodily fluids, these procedures must be followed:

- Removal of all children from the contaminated area
- Immediate cleanup of the spill
- Documentation on incident report
- Notification to parents
- Notification to management

Emergency and Authorized Persons

In order for us to contact you in an emergency, you must provide up-to-date contact information. We also require you to provide at least one other authorized person's name and telephone number that you will allow to pick up your child from the clinic. It is critical for us to be able to reach authorized persons to pick up for health and safety reasons. Any authorized person must check in at the front desk and provide their driver's license for identification. If there is someone different picking up that is not on the preauthorized list you must contact management staff and communicate in writing who will be picking up your child.

Parents are strongly encouraged to inform Thrive Therapy of any custody issues. In the absence of a court order, both natural parents have equal rights to their child and to information about their child. If you do not authorize your child's parent to pick up your child, you must provide the Executive Administrator, Haley, a copy of a custodial agreement issued by a court of law.

Accidents/Injury

An accident/incident report will be completed by the therapist witnessing any accident. The parent/guardian will be notified as soon as possible. In case of a serious injury at the clinic, the physician named by the parent/guardian on the emergency medical form will be called, or the child will be taken to the nearest emergency room. If a child is prone to self-injurious behavior or frequent accidents, a "body check" will be conducted at the beginning of every session (at the clinic or in the home/school) while in the restroom area. All marks, bruises, scratches, or reddening of the skin that a client may have at the beginning of the session that has not already been reported will be documented, and a report will be signed by the parent and administrator. A copy will also be kept in the child's file.

Adult Code of Conduct

Parents must use appropriate language while on Thrive Therapy property and during home health sessions at all times. Using inappropriate language or a loud tone of voice (yelling) is unacceptable. Any conversations that you feel may escalate should be done behind closed doors in the clinic or in the home. While verbal reprimands may be appropriate, Thrive Therapy does not allow parents to use any type of corporal punishment while on Thrive Therapy property.

Thrive Therapy has a zero tolerance policy regarding threats or threatening behavior toward staff or other patients and their families at the clinic or in the home. Threatening behavior could lead to immediate termination of services.

In the clinic, parents are prohibited from addressing behaviors of a child that is not their own. Please report any concerns to staff to address the issue.

If any caretaker appears to be impaired by drugs or alcohol while attempting to pick up a child, we will ask that you allow us to call you a cab, another caregiver, or someone else on the emergency contact list. If the impaired person refuses, Thrive Therapy will contact the police and Child Protective Services.

Smoking cigarettes or e-cigarettes is prohibited on Thrive Therapy property.

If a person other than a parent has legal guardianship of a child, a copy of the legal papers granting guardianship must be in the child's file.

Office and Waiting Room Policies

Children must be escorted by an adult into the waiting area as well as picked up by an authorized adult from the waiting room. This is to ensure the children's safety during busy drop-off and pick-up times.

Please refrain from eating, drinking, or smoking in the waiting area. Also, refrain from cell phone use during drop off/pick up. No excessive or loud conversations or music in the waiting area as this may interrupt therapy and the receptionist who is often on phone calls with insurance companies or other clients. Per HIPAA, you may not wander around the building, but must sign in and receive a visitor's badge. If you need anything, please ask the receptionist.

Please keep an eye on your children, and keep them only within the specified areas of the waiting room, or if they are a patient, the therapeutic areas. While the parent/guardian and children are in the facility, the parent/guardian is responsible for the safety and well-being of their children. While a parent/guardian is present, staff is not responsible for the client but may redirect any child engaging in disruptive or dangerous behavior on the property.

If you want to discuss details of a session in the clinic, please email, call, or schedule a private meeting in advance. Our waiting room is not protected by HIPAA, and therapists have very little time from one session to the next. You are also welcome to log on to your child's Central Reach account and access notes and progress daily.

We also ask that children be dropped off and picked up on time so that therapists can smoothly transition to their next scheduled appointment. If you happen to arrive early at the clinic for drop-off or pick-up, please do not expect or ask therapists to be able to accommodate taking your child early before he/she is scheduled without prior notice/approval. The scheduled time has been blocked out for your child, and any last minute changes may cause you to be billed and/or offset off the therapist's scheduled hours, breaks, etc.*See Cancellation Policy for Late Pick-up and Drop-off fees.

In Clinic ABA

Backpack

If your child is receiving ABA services in the clinic, please send your child with a backpack each day with the following items labeled with the child's initials:

- 2 sets of season-appropriate clothing including socks and shoes (more if potty-training)
- A nutritious lunch, snacks, and drinks in sealed containers (There is a morning and afternoon snack, as well as lunch)
- We encourage you to send a water bottle/cup with your child daily
- Diapers, wipes and all diapering products
 - **PLEASE NOTE: Thrive does not keep these in stock. Parents will be required to bring them if not in the backpack**
- Please do not send toys with your child unless a therapist requests it. Thrive Therapy staff are not responsible for lost or broken toys that are sent from home.
- Please put your child's initials in permanent marker on all personal items including jackets, lunchboxes, water bottles, etc.

Food

Thrive Therapy does not provide food service. Children must bring snacks and a nutritious lunch from home. Also, please provide a list of any food allergies your child may have. Snacks are served in the morning and afternoon. Therefore, food should be packed to serve accordingly.

In Home ABA, Speech, and OT

Preparing for In Home Sessions:

- Your child must be awake, dressed, and fed prior to therapist's arrival, unless these skills are being addressed in the program.
- A parent, caregiver, or responsible party with a valid driver's license or ID must be in the home when therapy is being provided at all times.
- If sessions are in the home, the area being used for therapy must be a comfortable temperature, well lit, and relatively free of distractions. Distractions may include siblings, family members, or pets. It is important that we are able to conduct the session in a professional manner with materials ready and limited access to competing reinforcers (i.e. toys that are not used during the therapy session).

- Children or other siblings should not use or remove the materials and/or reinforcers used for therapy outside of the therapy time. Any materials that are misplaced or missing must be replaced by the parents or caretakers, at their expense.
- The therapist is NOT allowed to drive a child in any automobile. If the therapist needs to transition in a vehicle with a client, prior arrangements must be made and agreed to in advance by the Clinical Director or appropriate supervisor. The transition must be justified as part of the treatment plan, and the parent must have liability car insurance as they are responsible for anyone in their vehicle.
- You must provide your Wi-Fi password to therapists. This is for the therapists to be able to update notes in Central Reach.

In Home Session Cancellation Policies:

- Thrive Therapy will call the family if they are going to be arriving more than 5 minutes late. You will not be charged if a therapist is late or missed a session. We encourage caregivers to inform the office if a therapist is late or missed a session. Please call Haley at 214-736-8376, ext. 104.
- If a therapist cancels a session due to an emergency, the missed hours will be made up as soon as possible, and the family will be informed as to when this is going to occur.

In Home Session Policies and Procedures:

- Therapy is not provided for siblings. Thrive Therapy therapists are not obligated to work with siblings. If a therapist feels a sibling can be used as a participant in a session, it is at their discretion. If they feel they are a distraction, they may ask the caregiver to remove them. This includes pets as well.
- The first 15 minutes of the session is used to prepare for the session and set up the environment. If you need a few minutes to talk with the therapist before the session, please let the therapist know, but be aware that your child may be anxious to begin “playing” with the therapist. The last 15 minutes of the session is for the therapist to record data regarding the session. Please allow for this time without the child.
- Periodic recording of sessions may be helpful in assessing the progress of the child. Prior to recording a session, permission must be obtained by all parties involved and can be terminated at any time.

- In case of an accident or unusual incident, the therapist should complete an incident form, and the Clinical Director and the family should be informed the same day.
- Parents and therapists should be respectful and courteous to each other. Open communication between parents and therapists is essential to the establishment of a successful program for the child. All communication must be done in a courteous and respectful manner. If there are any problems or concerns, please contact the Clinical Director or appropriate therapist immediately.
- Parents are encouraged to share with therapists any information that may be helpful in getting to know their child and will enable them to work successfully with the child.
- In following ethical guidelines and standards, and in your best interest, we strive to maintain a therapeutic and support-based relationship at all times. Our work is highly personal. Because we are providing you with support, we can become involved in many aspects of your life. We must monitor ourselves to make certain that we do not cross the professional/client relationship barrier. This can be difficult because of the intimacy we develop.

Please understand that our behavior is not personal but that we are working towards maintaining a professionally supportive role in your lives at all times and a personal friendship may compromise our ability to continue to view your family's situation through a professional's eyes. It is Thrive Therapy's policy to not share social media information, personal phone numbers, emails, or engage in providing other services outside of Thrive Therapy sessions (i.e., babysitting) to maintain a professional relationship. That said, we do develop a special unique relationship due to the nature of our business. We are committed to caring for you and yours as we work to achieve the goals we have set forth collaboratively.

- Parents may be asked to purchase items for in-home ABA therapy. These items are not mandatory but could be suggestions as to materials that the parents can purchase to continue therapy on their own. Thrive Therapy therapists can bring their own items, materials from the center, or can utilize the materials at the house, but they may not be able to leave the materials or equipment.
- We advise our therapists not to accept any food or drinks from the families to follow the BACB's Ethical Guidelines which state that we are not to accept any gifts from our clients. However, therapists will need access to a restroom and will sometimes carry personal water bottles.

- Therapists will wear their uniformed scrubs and close-toed shoes to all in-home sessions. If CPI interventions are a part of the treatment plan, therapists are required to leave their shoes on for safety reasons. Please keep this in mind if they refuse to remove their shoes, despite your family's home/cultural rules involving shoe removal.

Communication with Therapists and Supervision

- Please understand that all information shared is HIPAA protected; it is essential that every Thrive Therapy therapist respects and maintains each client's right to confidentiality regarding his or her treatment and all personal information. All HIPAA laws apply. Please do not ask about another client's programs or treatment, as this information will not be discussed and could possibly lead to the dismissal of your child from the program.
- Parents must sign each therapist's scheduled time on Central Reach to confirm the number of service hours provided at the end of each session. Parents are responsible for ensuring accuracy of hours.
- During a supervision session, the Supervisor and therapist will review your child's plan to update and incorporate any recommended changes. If parents would like to discuss any issues, please advise the therapist at the beginning of the therapy session. Any time taken for data entry and graphing, log book updates, or to discuss program issues shall be considered billable time.
- Please inform your Lead Therapist about any treatment questions or concerns. The importance of continuity between home and Thrive Therapy cannot be overstressed. Our aim is to develop an honest, open and supportive relationship with you. We are very aware of our influence as a role model for your child, and without your extensive knowledge of your child, we would be unable to enhance your child's development. Thrive Therapy's therapists are always willing to discuss your child's development. Please understand that therapists and supervisors do work with multiple families and may not be able to return calls immediately. If possible, email via their Thrive Therapy email.

Family Rights

- Individuals shall have reasonable access to treatment or accommodations regardless of race, age, creed, sex, national origin, handicap or sources of payment for care. If insurance coverage is not available for treatment, Thrive Therapy has local resources for funding. Please see the local grants page.
- You have the right to receive safe and high quality of care
- You have a right to be shown respect, dignity and consideration
- You have the right to be informed about services, treatment, and costs in a clear/open way
- You have the right to be included in decisions and choices about your care
- You have a right to privacy and confidentiality of your personal information
- You have the right to comment on your care and to have your concerns addressed
- You can exercise your rights as a parent or guardian of a child

Parent Responsibilities

- Tell us your safety concerns
- Consider the wellbeing and rights of others
- Provide accurate information regarding your medical history and ask questions
- Follow your treatment plan, cooperate and participate where able
- You should promptly pay the fees of the clinic
- You should direct any complaint to Thrive Therapy management so that immediate and appropriate action can be taken to remedy your concern

Hours and Holidays

The clinic is open Monday-Friday, 8:00am – 6:00pm. In-Home/Daycare/School sessions may be scheduled 7 days a week, and hours may vary, depending on the needs of the client and the therapist's availability.

Thrive Therapy is closed for all services (clinic/home/school) for the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- 4th of July – Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day
- Staff Development Days (TBA)

Inclement Weather/ Emergency Closings

Thrive Therapy does not close for rain, snow, flood watches/warnings, or tornado watches/warnings, but we will close if there is ice on the roads near the clinic or near an in-home/daycare/school therapy session. If this is necessary, we will first post the closing or delay on our ThriveTherapyTX Facebook and Twitter pages by 7am. So we encourage you to follow one or both pages below:

<https://m.facebook.com/ThriveTherapyTX/>
<https://mobile.twitter.com/thrivetherapytx>

Once posted, we will attempt to email all families. It is possible that some regions may be cancelled and others not. A good rule of thumb is, if CFB school district is closed/delayed, the clinic will be closed/delayed. If the local school district near your home is closed, then your in-home sessions will likely be cancelled. We hope this helps in the future, but let's hope we do not have any ice this year. If snow or ice begins falling during the day with accumulation on sidewalks and streets, the clinic may close early, and families will be contacted to pick-up early. Home health sessions may also need to be disrupted, should this occur.

In the case of snow or inclement weather: Please listen to the radio for anticipated announcements of school closings for the district in which you reside. If the district schools are closed, it is an indication that driving in that area presents danger, and the Thrive Therapy therapist will not report to work that day. Thrive Therapy will also post cancellations in regions on the ThriveTherapyTX Facebook page on weekdays and weekends.

Since schools in the district are closed on inclement weather days, the time missed on those days can be made up at the discretion of the Clinical Director or appropriate supervisor.

Financial Responsibility and Insurance Policy

Thank you for choosing Thrive Therapy to serve your child. So that we may assist you better, we have outlined our policies about payment, finances, and insurance below. By making our policies clear we hope to avoid any problems or misunderstandings.

To confirm your understanding and agreement with our policies, please read the following:

Intensive ABA therapy can be extremely expensive for any family should their insurance not cover the claims filed. Even though we bill weekly and in a timely manner, insurance companies often find creative ways to stall payments, even when the services have been pre-authorized. It is not uncommon for an insurance company to take over 3 months before paying a claim.

We make all attempts to collect payments from your insurance provider before asking parents to help. If payments are not made in a timely manner, therapy services may be put on hold, or suspended until payments are made.

Speech Therapy and Occupational Therapy will be charged according to our recurring services policy listed below.

Payment for Recurring Services (ABA, OT, and Speech):

Our relationship is with you to provide quality therapy to your child. Consequently, all charges incurred are your responsibility. To ensure a smooth billing process, Thrive Therapy requires a credit card on file. Your card will be charged on an as-needed basis for charges incurred from the previous week. Depending on your insurance policy benefits, this payment could be for a co-payment, coinsurance, deductible, or for the entire services rendered. A copy of the invoice will be given to you at the time of billing. A \$35 fee will be charged for declined payments. If payment is declined, Thrive Therapy may suspend services until payment is made.

Insurance:

Thrive is committed to helping clients maximize their benefits. Insurance policies vary greatly, therefore adding to the complexity of insurance contracts; we can only estimate benefits in good faith. Thrive Therapy will contact your insurance carrier for a "quote of benefits" and will obtain necessary pre-authorizations, but coverage cannot be guaranteed. It is highly recommended that you contact your insurance carrier to verify that Thrive Therapy participates in your plan and to verify that your desired services are covered as of the time services are to begin. If you have any questions, our courteous staff is always available to answer them. Your insurance policy is a contract between you and your insurance company; Thrive is not a party to that contract. You will need to contact your carrier with any problems or questions.

Thrive Therapy will ONLY file claims with insurance carriers with whom we are currently contracted. We do not file with secondary insurance. In the event that insurance does not provide payment within the agreed amount of time or denies payment, the balance becomes that of the financially responsible party.

To avoid any payment delays from your insurance carrier, please let the billing department know any updated information on your insurance company, such as if you received a new insurance card, or your child is covered under new insurance. This will help avoid delay in payment, which will benefit you from being billed incorrectly. If Thrive Therapy is not notified in a timely manner, the caregiver will be responsible for any fees incurred, if services are not covered or denied. Thrive Therapy has the right to suspend services until new insurance is verified and/or necessary pre-authorizations are in place. If the responsible party wishes to continue services before insurance is verified and/or pre-authorizations are in place, he/she will be responsible if services are not covered or denied.

Collection Fees: Fees incurred to collect payment will be billed to and payable by the responsible party. This includes attorney fees and court costs.

Note to Separated or Divorced Parents:

Thrive will not keep separate accounts to accommodate separated or divorced parents who share financial responsibility. In the case of divorce and/or joint legal custody, regardless of decree or court orders, the parent who initiated services will be financially responsible.

Insurance does NOT cover any time that the BCBA or any of Thrive Therapy's staff works on any documents related to a court case, including custody cases. If a BCBA or any of Thrive Therapy's staff is subpoenaed for documents or for testimony, the client will be billed privately at a rate of \$125 per hour for the BCBA and \$50 for any other Thrive Therapy staff. This includes, but is not limited to, the following: time spent compiling documentation, waiting to testify, testimony, and any phone calls or meetings related to the court case. The client will be invoiced privately, and payment is expected promptly.

Mileage Fees:

For services to the home or school, mileage fees will not apply. However, if the client requests the BCBA's services with other professionals or to events beyond the home or school environments (i.e. appointments with other professionals in various locations, field trips, community events, etc.), the itemized invoice will include mileage logs and charge for the trip at the IRS set rate of 50.5 cents per mile. Payment of mileage charges is due upon receipt of the weekly invoice at the last session of each week.

Injury/Personal Damages:

Any injury to the child/parent will not be the financial responsibility of Thrive Therapy or the therapist. Any damages caused during the session, to the home, is not the responsibility of Thrive Therapy or the therapist.

Service Procedures

Service procedures and/or techniques will be applied only after the parent/guardian has been informed in advance of what the procedure consists of and the rationale for its use. The information will be shared during team meetings and/or meetings with the Clinical Director, or appropriate supervisor.

Staff Transitions

Staff transitions will take place on your child’s team. Efforts to make necessary staff transitions as smooth as possible to not significantly interrupt your child’s services. Therapists are assigned to patients based on credentialing requirements by each insurance company, the patient’s location in proximity to the therapist’s home/region, and their availability. We strive to accommodate family’s preferences, but we are not always able to meet all requests due to the factors mentioned.

We do not guarantee the availability of specific therapists. We do not disclose therapist availability. Thrive Therapy strives to have a consistent team of therapists, and all therapists are trained on individual cases they are assigned to. Changes to a child’s team promotes generalization, but will remain limited when possible.



Speech/Occupational Therapy Financial Consent:

I agree to be financially responsible for total payment of treatment in the office or for in-home therapy. I certify that I have read this Financial Policy Agreement and understand and agree to be personally and fully responsible for payment.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature Date

Thrive Therapy Witness Date



Credit Card Authorization Form

Name on the Card:

Security Code:

Card Number:

Billing Address:

Expiration Date:

City, State, Zip:

Type of Card: Visa MC AmEx Discover

Phone Number:

Your card will be charged on a weekly basis for charges incurred from the previous week. Depending on your insurance policy benefits, this payment could be for a copayment, coinsurance, deductible, or for the entire services rendered.

I agree to be financially responsible for total payment of treatment performed by Thrive Therapy. I understand and agree to be personally and fully responsible for payment. By signing this form, I authorize Thrive Therapy to charge my card on file.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature Date



Consent for Treatment

I am the legal guardian or legal representative of the child and on the child's behalf legally authorize Thrive Therapy to provide Speech Therapy, Occupational Therapy, and/or Applied Behavior Analysis or any other therapies subsequently offered by Thrive Therapy to the child. I have read, understand, and agree to the policies and procedures described in the Parent Handbook. I also understand that all policies and procedures described in the Parent Handbook apply to the child I represent.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature Date



Emergency Care Consent Form

Please list 3 emergency contacts (other than the child's parent/guardian):

Name	Relationship to Child	Phone Number(s)

Physician's Name & Phone Number

In case the services of a physician are required before a parent/guardian can be reached, Thrive Therapy employees are hereby authorized to take whatever action is deemed necessary in their sole discretion for the health of my child. I will indemnify and hold Thrive Therapy harmless of any expense incurred on behalf of my child or such healthcare. I also authorize Thrive Therapy officials to directly contact the physician named above in case of an emergency. I will not hold Thrive Therapy or its staff responsible for emergency care and/or transportation for my child and I will assume full responsibility for any costs related to such services provided to my child.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature Date



Child Release Authorization

If the child's parents are not the only ones who will be driving the child, please list authorized names on this form. Any changes that occur MUST be given in writing to Thrive Therapy.

I authorize the following persons to pick my child up from Thrive Therapy:

Name	Relationship to Child	Phone Number(s)

The child will not be allowed to leave Thrive Therapy with any other person without written authorization from the parent/guardian. Identification must be presented before your child will be allowed to leave.

Parent/guardian releases Thrive Therapy of any liability and agrees to indemnify Thrive Therapy and hold Thrive Therapy harmless for having released the child to anyone authorized on this form to pick up the child.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature Date

Is anyone legally restricted from contact with your child? Yes No

If "Yes" then copies of the appropriate documents (e.g., court order, etc.) must be on file with Thrive.



Electronic Permission Form

Any parent/guardian who wishes that their child use a personally owned electronic device at Thrive Therapy must read and sign this agreement. The client takes full responsibility for his or her device and keeps it with him or her at all times. Thrive Therapy is not responsible for the security of the device. The client is responsible for the proper care of their personal device. The client must comply with the therapist's request to shut down or close the screen of any device at any time.

The client may not use the device to record, transmit, or post videos or photos of a person on Thrive Therapy property. No photos or videos can be transmitted or posted at any time without a therapist's permission. The client should only use their device for communication, research, or educational activities.

As a parent, I understand that my child will be responsible for abiding by the aforementioned rules. I have read and discussed with him/her and he/she understands the responsibility he/she has in the use of his/her personal device.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature Date



Thrive Therapy Media Release Form

I give my consent for Thrive Therapy to use my child and my family’s photographs/videos and likeness to be used for educational and training purposes only. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

I do / do not give my permission to also share any photos of my child or my family on Thrive Therapy’s Facebook or any other social media website for Thrive Therapy.

I have read and understand the above information.

Parent/Guardian Name

Parent/Guardian Signature Date

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Thrive Therapy Out of Facility Waiver

I hereby authorize and give consent for Thrive Therapy to go off premise with my child,
_____ (name of client) for educational and recreational opportunities. This would include the surrounding area of approximately ½ mile radius next to 2825 Valley View Lane, Farmers Branch, Texas. My child will not be transported in a vehicle.

I do NOT grant permission to Thrive Therapy to go off premise with my child,
_____ (name of client) at this time.

Child's Name

Parent/Guardian Name

_____ _____
Parent/Guardian Signature Date



Consent for Release of Records

Consent for the release of records assists Thrive Therapy in the development of treatment plans, review of previous behavioral plans and goals, the review of academic performance data, and the assessment of the medical information related to services being provided. Consent for release of records ensures that our services are coordinated with other programs supporting the client.

I, hereby authorize and give consent for the release of the below listed information for _____ . (name of client)

- Insurance information
- Psychological or educational assessments
- Individualized plans (IFSP, IEP)
- Progress notes or quarterly/annual reports
- Previous behavior programs
- Psychosocial histories
- Medical evaluations
- Progress notes
- Communication between other professionals working with client

Individuals/Groups authorized to discuss client’s records and previous/current performance:

1. _____
2. _____
3. _____
4. _____

I understand that information received by Thrive Therapy may include confidential medical data, including psychiatric and/or drug and alcohol usage and references to blood-borne pathogens (e.g., HIV, AIDS). I understand that I may revoke this consent at any time; however, I cannot revoke consent for action that has already been taken and therefore, the records may have already been reviewed by Thrive Therapy staff. This consent automatically expires 30 days after terminating services. Thrive Therapy will adhere to HIPAA Privacy and Security Standards in accessing and storing confidential information and will ask you to sign a release and update it annually.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____



Recipient Choice and Rights

(3) RIGHTS OF ALL PERSONS WITH DEVELOPMENTAL DISABILITIES.--The rights described in this subsection shall apply to all persons with developmental disabilities, whether or not such persons are individuals of the agency.

- (a) Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from sexual abuse in residential facilities.
- (b) Persons with developmental disabilities shall have the right to religious freedom and practice. Nothing shall restrict or infringe on a person's right to religious preference and practice.
- (c) Persons with developmental disabilities shall receive services, within available sources, which protect the personal liberty of the individual and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment.
- (d) Persons with developmental disabilities shall have a right to participate in an appropriate program of quality education and training services, within available resources, regardless of chronological age or degree of disability. Such persons may be provided with instruction in sex education, marriage, and family planning.
- (e) Persons with developmental disabilities shall have a right to social interaction and to participate in community activities.
- (f) Persons with developmental disabilities shall have a right to physical exercise and recreational opportunities.
- (g) Persons with developmental disabilities shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.
- (h) Persons with developmental disabilities shall have a right to consent to or refuse treatment, subject to the provisions of s. [393.12\(2\)\(a\)](#) or chapter 744.
- (i) No otherwise qualified person shall, by reason of having a developmental disability, be excluded from participation in, or be denied the benefits of, or be subject to discrimination under, any program or activity which receives public funds, and all prohibitions set forth under any other statute shall be actionable under this statute.
- (j) No otherwise qualified person shall, by reason of having a developmental disability, be denied the right to vote in public elections.

ACKNOWLEDGMENT OF RECEIPT OF PARENT HANDBOOK

The Thrive Therapy handbook contains important information about Thrive Therapy, and I understand that I should consult the owner regarding any questions not answered in the handbook. I have entered into services with Thrive Therapy voluntarily.

Since the information, policies, and benefits described herein are subject to change at any time, I acknowledge that revisions to the handbook may occur. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Owner or previously authorized administrative staff has the ability to adopt any revisions to the policies in this handbook.

I have had an opportunity to read the handbook, and I understand that I may ask any questions I might have concerning the handbook. I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it. I further agree that if I continue services with Thrive Therapy following any modifications to the handbook, I thereby accept and agree to such changes.

I have received a copy of the Thrive Therapy Parent Handbook on the date listed below. I understand that I am expected to read the entire handbook. Additionally, I will sign the this Acknowledgment of Receipt, retain one copy for myself, and return one copy to the Thrive Therapy's representative listed below on the date specified. I understand that this form will be retained in my personnel file.

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

Witness Name

Date

