Idaho Therapy in Motion In-Take Paperwork

Welcome to Idaho Therapy in Motion. Thank you for choosing us! The creation of Idaho Therapy in Motion was driven by two loves, family and horses. These two things are passions and they have always driven progression and healing, for Tara Toone, the owner of Idaho Therapy in Motion. At Idaho Therapy in Motion it is our mission to find the passion that drives each and every one of our clients and use that passion as motivation to heal and progress toward personal goals and aspirations.

Client's Full Name (as shown on insurance card)	
Date of Birth	
Client's Age: Year and Month (For Example 8 years 9 months):	
Email	
Mother's Name:	Father's Name:
Are parents (circle one):	Married Divorced Other

Please describe any special custody arrangements that you would like the office to be aware of:

_____

Responsible Party Name and **DOB**	
Responsible Party Phone Number	
Responsible Party Email Address	
Responsible Party Mailing Address	

Please list all persons and siblings living in the home with the client, as well as siblings ages:

_____

Client Background Information

Young and old we are all motivated by something, what is your or your child's number one motivator (games, sports, play, books, hunting, fishing, movies, etc.:

_____

Preferred Activities	

Non-Preferred Activities	
Family Goals for Therapy	

- ☐ Describe in detail why client was referred for speech/language/occupational therapy evaluation:

  _____
  _____

- ☐ Describe any sensory concerns present (For example: Hates loud noises, hates specific textures, won't stay dressed, toe walks, flaps, etc.):

  _____
  _____

- ☐ Describe any complications during pregnancy, labor, and/or after delivery:

  _____
  _____

- ☐ Describe any complications in development to date (For example: Didn't latch at birth, didn't crawl, failed hearing screens, etc):

  _____
  _____
  _____

- ☐ Describe family routines and how they are modified to accommodate clients behaviors (For example: Have to bribe client to do non-preferred activities, prepare food a special way for client, modify or skip bathing and toileting routines, etc.)

  _____
  _____
  _____

Waivers

Permission to Photograph and Videotape (Optional):
By granting permission to photograph and/or videotape my child I agree that photos and/or videos will be used for therapeutic, educational and advertising purposes. Full names and other identifying personal or service information would not be used under any circumstance

- ☐ I give Toone, Inc. my permission to photograph and/or videotape my child
- ☐ I DO NOT give Toone, Inc. my permission to photograph and/or videotape my child

Electronic Communication Release:

- ☐ I hereby give permission for Toone, Inc. to communicate with me via text or email
- ☐ I DO NOT give permission for Toone, Inc. to communicate with me via text or email

No Surprises

To ensure complete transparency Toone, Inc. DBA Idaho Therapy in Motion would like to outline our current rates:

Speech/Language as well as Feeding Swallowing Evaluations: $250.00 per evaluation

Occupational Therapy Evaluation: $250.00 per evaluation

Speech/Language as well as Feeding Swallowing Treatment Session (per 30 minutes): $100.00 per 30 minute session.

Occupational Therapy Treatment Session (per 30 minutes): $100.00 per 30 minute session ($200.00 60 minute session)

Example of Billing Practice: If you or your child attends an initial or yearly evaluation and completes 20 treatment sessions, the total bill would be $2,250.00. If your insurance does not cover this bill, or it is applied toward a large deductible, in part or whole, you would be responsible for what is not covered or put toward the deductible. Medicaid/Commercial copays are also collected and due at the time of service. Self-pay is also due at the time of service.

- ☐ I acknowledge that my/my child's therapy costs money, and I am aware per the outline above of the costs of services, as well as how they can add up overtime.

Signature: _____ Date: _____
Please Print Full Name:_____

Toone, Inc. DBA Idaho Therapy in Motion Therapy Waiver:

I understand that Toone, Inc. DBA Idaho Therapy in Motion and its employees assume no responsibility for injuries or illnesses which my child or I may sustain as a result of participation in any therapy sessions, the use of any equipment, exercise, or other activities. I acknowledge that I assume the risk for any and all injury and illness which may result from participation in these activities. In consideration of the privilege of participating at Toone, Inc. DBA Idaho Therapy in Motion, I hereby voluntarily release and discharge Toone, Inc. DBA Idaho Therapy in Motion and its agents, servants and employees, and contractors from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. By signing below I give permission for Toone, Inc. DBA Idaho Therapy in Motion to provide Speech/Language/Swallowing and/or Occupational therapy to myself or child. I understand, and agree that regardless of Insurance status, I am ultimately responsible for the balance on my account for any services rendered. I certify that the above information is accurate and true to my knowledge, and I will inform Toone, Inc. DBA Idaho Therapy in Motion

of any changes in this information immediately. I agree to pay for unauthorized services that are not paid by my insurance. I authorize Toone, Inc. DBA Idaho Therapy in Motion to release my records/my child's records to their billing service, my insurance company, and my physician. I understand that these records will be held in strict confidence and will not be released to any unauthorized person. I authorize payment of medical benefits to Toone, Inc. DBA Idaho Therapy in Motion. Cancellations and No-Shows given less than 10 business hours are assessed a 12 dollar fee for each occurrence and may be cause for removal from our weekly scheduling. By signing below I acknowledge I have read and agree with the Waiver

Signature: _____ Date: _____

Acknowledgment of Receipt of Notice of Privacy Practice:

With my consent and signature, Toone, Inc. DBA Idaho Therapy in Motion may use and disclose protected health information about me or my child to: 1. Carry out treatment, payment, and healthcare operations (services). 2. Call my home or other designated locations and leave a message on voice mail in reference to any items (i.e. appointment reminders, insurance items, references to clinical care of laboratory results, etc.) that will assist in the practice of medical care for me or my child. 3. Mail to my home or other designated address any item (i.e. appointment reminder cards, patient financial statements, etc.) that will assist in practice of medical care form me or my child. Such correspondence is to be marked personal and confidential. 4. Send or transmit email to any location provided by me for all above similar items and purposes. 5. To use and/or disclose protected health information about me or my child to/with third parties involved in mine or my child's care. Such parties may include, but are not limited to, insurance companies, hospitals, specialty physicians, and laboratory personnel. I may specifically describe the type of information (i.e. dates of services, level of detail, origin of information, etc.) subject to disclosure and may revoke this permission at a time and date chosen by me, by providing a written statement to Toone, Inc. Speech and Swallowing Therapy. I may revoke this permission. I have the right to review the Notice of Privacy Practice Manual Toone, Inc. DBA Idaho Therapy in Motion and Toone, Inc. DBA Idaho Therap in Motion may revise its manual and procedures at any time deemed necessary, and I may request from time to time, in writing, a copy of such changes, should these changes directly relate to mine or my child's care. The Federal HIPPA (Privacy Act) of 2001 was created to protect mine and my child's health information. I understand this must be accomplished within the provisions and rules set up by Toone, Inc. DBA Idaho Therapy in Motion to fulfill federal law. If compliance with this law impedes the medical care of the patient, Toone, Inc. DBA Idaho Therapy in Motion will strive to provide information so that I may make an informed decision concerning the privacy of mine or my child's medical information.

Signature: _____ Date: _____