



CLINIC RULES

Once again, we welcome you to Kids Care Therapy Center, Inc. We are honored that you have chosen our clinic to meet the needs of your child and your family. Continually we try to create an area with an atmosphere of respect and love, hope that you feel comfortable here and always feel welcome. Please know that you can approach us with any comments or concerns regarding our space and how it is used. In order to make Kids Care Therapy Center, Inc. a comfortable and safe place for all of our families and our staff, we ask that families follow our clinic etiquette plan. Please read and become familiar with the following expectations.

1. Before entering treatment areas, please check in at the front desk to allow for confidentiality and HIPAA reasons.
2. Closely monitor your children's behavior in the waiting room to ensure that they are playing safely and that they are playing appropriately with other children. Please do not allow children to climb on, jump from, or over the waiting room furniture or toys.
3. Please clean up after your children in the waiting room. Help them replace any books or toys they may have played with and throw away any trash that may have accumulated.
4. Do not allow your children to enter the treatment area unaccompanied.
5. **PATIENT'S FAMILY MEMBERS AND FRIENDS ARE NOT PERMITTED TO ENTER THE THERAPY AREA.**
6. Siblings or other children that accompany you to the patient's appointment, it is preferred that they wait in the waiting room; and they must be supervised at all times by a responsible adult.
7. **We discourage bringing toys from home** to treatment sessions unless your therapist requests them or gives permission to bring them. Your therapist will choose toys from our clinic with a specific therapeutic purpose.
8. If you are observing your child's treatment session, remain in the same room as your child and their therapist. In order to protect the confidentiality of all children in our clinic, we ask that if you need to leave the treatment room for any reason, you return to the waiting room and wait for the session to end. If your child and their therapist leave the room, either follow them or wait for them in the waiting room.
9. Please refrain from talking on your cell phone in the lobby and other common areas. Please keep cell phone use to a minimum and place phones on vibrate or silent.
10. Please be mindful of your conversations in the waiting room, ensuring that they are family friendly and appropriate for young ears. Refrain from using profanity.
11. Please do not ask therapists about other child or families at the clinic. In order to comply with HIPAA, we cannot answer these questions.
12. Be respectful of the 'end of session' time. Your therapist has less than 5 minutes to talk to you about the session. Most often, there is another family waiting to begin therapy. If you



need additional time to discuss a concern, ask questions or treatment activities, please communicate it to the administration of the clinic.

- 13. We value your commitment to your child’s attendance in therapy; however, for the protection of all of the children and staff, we kindly request that you do not bring your child to therapy if they are displaying the following symptoms: vomiting, diarrhea, fever, green mucous, conjunctivitis (pink eye), head lice, scabies or ring worm. Please make sure that the symptoms have been resolved for at least 24 hours prior to returning to therapy.

If you have any concerns regarding policies please discuss it with the front desk not your therapist. As your team of therapists, you can expect us:

- a. To start and end your appointments in a timely manner.
b. Inform you of the goals targeted and the progress made during each session.
c. Provide you exercise programs in order to perform at home and ways in which you can help us to achieve the proposed goals for the child.
d. You can expect us to keep anything you share with us confidential.
e. You can expect us to provide the best therapy we possibly can.
You can expect to receive courteous and friendly help when scheduling appointments or aspects related to their documentation and billing.

If you have any questions about the above information, please don’t hesitate to ask us. We are here to help you!

I have read and understand the above Clinic Etiquette and agree to abide by it.

Signature of Parent/Guardian of Child

Date