

# Pediatrics Unlimited

Be The Best You Can BEE With Therapy



## PATIENT and FAMILY BILL OF RIGHTS

### WELCOME TO PEDIATRICS UNLIMITED

We are pleased you have chosen our clinic to assist your child with their therapy needs. Our staff includes Physical Therapists, Occupational Therapists, and Speech Language Pathologists. Our goal is to provide quality services to your child. You are the expert on your child and our pediatric team members are experts in their specialty. Together we can help your child improve specific skills and help them reach their full potential. You and your child have rights and responsibilities. We want you to understand these rights and responsibilities so you can help us to provide better service to your child. Please read and sign at the bottom of this statement.

#### **RIGHTS:**

DIGNITY: You and your child have the right to be treated with dignity regardless of race, sex, or religious preference.

PRIVACY: Your medical records are private. A complete discussion of your privacy rights is included in the "Notice of Privacy Practices".

PARTICIPATION: It is usually in the best interest of the child for family to participate in therapy for either a whole or part of the session. If this is not possible, we may take a few minutes at the end of the therapy session to consult with you on how the treatment session went and what you can work on at home. You will receive personalized reports every 9 months. A progress summary is recorded once per quarter in your child's electronic medical record.

#### **RESPONSIBILITIES:**

CANCELLATIONS, NO SHOWS, & LATE ARRIVALS: We understand that many things occur when dealing with children; however, you have the responsibility to keep scheduled appointments. Usually you will have regularly scheduled appointments that are the same from week to week. **Cancellations:** If you need to cancel an appointment, you will be given the opportunity to make up that appointment within one week of the scheduled appointment. **No Shows:** Your visit will be considered a "No Show" if you did not notify us within 3 hours before the session. **Late arrivals:** If you arrive 15 minutes or more late for a half-hour session or 30 minutes or more late for a 1 hour session, you are considered a "Late Arrival." Please be aware that therapists may be unable to extend your therapy session if you have a late arrival.

If you have 3 weeks of Cancellations, 2 No Shows in 6 months, or 2 consecutive Late Arrivals, you will be asked to schedule appointments on a week-to-week basis and/or attend a Consult Session with a member of management. You are required to attend 70% of therapy sessions per quarter with no more than 25% late arrivals. Failure to meet this criteria can result in loss of regular appointment spot.

SUPERVISION: You are responsible for supervision of children you bring to our clinic. We encourage you to remain on the clinic property during your child's therapy session. If you do need to leave, please give your cell number or a number you can be reached at by the office staff. We ask that you arrive 10 minutes early to pick-up your child if you decide to leave.

ILLNESS: Please do not bring your children if they are sick. If they are not feeling well, they will not be ready to learn. Fevers, pink eye, stomach viruses, and other contagious illnesses should be reasons to reschedule your appointment. A child who has been diagnosed with the flu must be fever free for 24 hours before attending a therapy session.

CONCEALABLE WEAPONS: Pediatrics Unlimited Inc prohibits the possession of firearms or other weapons on company property.

CELL PHONES: We would like for your child to receive full benefit from their time here. So, when you are in therapy sessions we ask that you put your cell phone on a silent ring and only answer emergency calls, so that it doesn't distract your child and therapist.

Pediatrics Unlimited is a privately owned practice. If your child needs additional services, we can direct you to those agencies. Pediatrics Unlimited is a teaching facility. If you do not want a student involved in your child's plan of care, please let your treating therapist know.

Signing this page indicates that you understand your rights and responsibilities and give your permission to Pediatrics Unlimited, Inc. to provide therapy services to your child.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

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