



MOSAIC Children's Therapy Clinics
Social Skills Policies and Procedures/Waiver & Release of Liability
Effective: SEPTEMBER 1st, 2018

Client Name: _____ DOB: _____
Responsible Party: _____ Emergency Contact: _____
Phone Number: _____ Emergency Contact #: _____
Email: _____
Mailing Address: _____

Welcome to our clinic. We are pleased that you have chosen us to provide services to your child. The following is a summary of our policies. Please retain this information for future reference.

Insurance: Our social skills program is a private pay service only. You may be able to be reimbursed by your HSA; we encourage you to check with your benefit administrator.

Class Schedules: Our program is divided into three sessions per year: fall, winter/spring, and summer. New clients enrolling will first be seen for a trial class. Once appointments are scheduled they will occur each week at the same time unless otherwise specified. You will be committed to this time for the duration of the session

Payment: Upon receipt of the completed registration and intake forms, you will receive email confirmation. You will only be charged the \$50 deposit fee prior to placement. Once your child is placed in a social skills group, you will receive further details on your placement, and payment will be processed. Payment in full is required at the beginning of the term. No refunds or credits will be given for missed sessions. If the determination is made that your child's initial placement is not appropriate and we are not able to find an alternative treatment time a prorated refund will be issued for any remaining classes.

Illness: If you, your child or one of their siblings is sick or has a fever please do not bring them to the clinic. If your child has experienced vomiting or diarrhea, please make certain they have been symptom free for at least 24 hours before bringing them to the clinic. Exceptions to the cancellation policy may be made in instances of emergency or illness.

Attendance: In order for your child to receive the maximum benefit from the Social Skills Class, it is important that you attempt to keep all scheduled appointments. We understand that there may be times that attendance is not possible, i.e., if your child is sick or if there is a family emergency. However, your child must attend at least 80% of their scheduled therapy sessions over a three month period (10 of 12 scheduled sessions) or risk being removed from the schedule.

Late Policy: If you will be late picking up your child, please call the clinic. After two (2) instances of late pick up you will be charged a rate of \$3.00 per minute. The late pick-up fee must be paid at the time you pick-up your child.

Observations: You are welcome to observe your child's classes at any time so long as your presence does not disrupt the performance and/or focus of the other children involved. We will ask you to join us for the final ten minutes of each session to observe our treatment focus and provide you with feedback and activities to work on outside of class

If you are not observing, you are welcome to wait in our waiting room area. If you need to leave the building for any reason, please make certain that we have a contact number where you can be reached in case of an emergency.

Other professionals are welcome to observe your child's therapy session. Please notify us if you wish to set up an observation.

Allergy/Dietary Concerns: If your child has allergies or dietary concerns, please notify the clinic. MOSAIC is peanut free and we ask that you don't bring snacks with known allergens into the clinic. Because many children have allergies to animal dander, pets are not allowed in the clinic.

Other Clinic Rules: Children must be supervised at all times while in the clinic space. It is the clinic policy that children who are not participating in classes are not allowed in the gym or other treatment areas. Please supervise your children while they are in the waiting room area.

Please refrain from using your cellular telephone in the waiting area. If you must use your phone please use it outside of the clinic.

Consent to Treatment: The parent/responsible party acknowledge that MOSAIC will be rendering social skills group services to the client. MOSAIC shall incur no liability for injuries of any kind suffered by client while under its care.

MOSAIC is not liable for injury to client caused by visitors attempting to assist client in any way. For the safety of all clients and others, only the client and client's responsible parties are permitted in client treatment areas. MOSAIC shall not be responsible for personal belongings left in the clinic.

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The Clinic may take photographs and/or videos of the client during social skills groups to assist in group learning. The client has the right to privacy. Photographs and/or videos cannot be used for any other purposes without the client's express written permission (signed Consent to Use Photo Image).

I have been offered a copy of MOSAIC's HIPAA policy and am aware that a copy is available to me at any time.

Social Skills Waiver & Release of Liability

MOSAIC Social Skills program areas and activities may include, but are not limited to, indoor and games, obstacle courses, arts and crafts, cooking activities etc. Our program areas are designed to meet a wide range of physical abilities and we make reasonable accommodations to serve a diverse population. Activities may include sitting, walking, running, jumping, throwing, contact with natural elements (sticks, dirt, logs, trees, etc.), kitchen equipment (hotplate, electric kettle, saucepan, toaster oven, dishwasher etc) and craft supplies (paint, glue, dye, and potentially hot liquids such as wax or glue).

As the responsible party, you are the best judge of the abilities of your dependent children. There is a significant element of risk involved in any activity associated with indoor and outdoor activities. If your dependent children have a health condition, chronic illness, or injury that might be aggravated by doing these activities, you should not have them participate in these activities without first consulting a physician. Participation in activities is voluntary and participants may choose their level of involvement in all activities. In agreeing to participate, you assume all liability for any physical injuries and/or emotional distress suffered by you and/or your dependent children.

I am aware that participation in MOSAIC programs and use of MOSAIC facilities may involve certain hazards associated with equipment, physical exertion, games and other programs/activities offered by MOSAIC. In consideration of, and as part payment for, the right to use MOSAIC facilities and participate in MOSAIC programs, I hold harmless, waive, and release MOSAIC ("MOSAIC" includes its employees, volunteers, directors, officers, and agents) for damages of any type, including permanent physical injuries or death, arising out of the ordinary negligence of MOSAIC and also for damages of any type arising out of my own negligence, in whole or in part. By participating in the MOSAIC Social Skills program, I agree to release MOSAIC, from claims of negligence for bodily injury or death in connection with the use of MOSAIC facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I assume all risk of injuries and damages associated with my participation in MOSAIC programs and the use of MOSAIC facilities including, but not limited to, falls, slips (whether occurring while in the building, offsite as a part of a program, or anywhere else on the MOSAIC facilities or property, including adjacent sidewalks, access, and parking areas), contact with other participants, sudden and unforeseen malfunctioning of any equipment, instruction, training, supervision, , therapy, classes, or dietary recommendations, the effects of the weather and/or temperature indoor or outdoor, and all other such risks being known and appreciated by me.

This release includes foregoing any claim I may have for ordinary negligence arising out of my children's use of MOSAIC facilities or participation in MOSAIC programs. I understand that it is my responsibility to obtain a physician's release statement if my child has any physical or mental condition that may impair his or her ability to engage in any of the MOSAIC's programs or activities.

I FULLY UNDERSTAND AND AGREE I AM WAIVING ALL CLAIMS I MAY HAVE AGAINST THE MOSAIC ARISING OUT OF THE ORDINARY NEGLIGENCE ACTS BY THE MOSAIC, AND I AGREE I WILL NOT BRING A LAWSUIT AGAINST THE MOSAIC ARISING OUT OF ITS ORDINARY NEGLIGENCE. IF ANY PORTION OF THIS RELEASE IS HELD INVALID, I AGREE THE REMAINDER SHALL CONTINUE TO BE ENFORCEABLE. I CERTIFY THAT I HAVE READ THIS AGREEMENT, UNDERSTAND AND AGREE TO ALL PROVISIONS IN THIS AGREEMENT.

I acknowledge receipt of MOSAIC Children's Therapy policies, procedures, waiver and release of liability.

Patient Name

Responsible Party Signature

Print Responsible Party Name

Date

Witness / Date (to be signed by Mosaic Staff Member)