



Agreement for Treatment Services

In order to ensure the most effective and efficient treatment program possible for your child, MoveAbout Therapy Services (MTS) enters into the following agreement with you. We have reviewed our practices and policies, and as such, developed a new Best Practice Policy to ensure that we are providing the best service to our families moving into the ‘new COVID-19 normal’.

Treatment is most effective if it occurs in a consistent, ongoing manner, with the consistency agreed upon by you and your therapist. Frequent absences from treatment are detrimental to the treatment process for your child. Additionally, frequent absences by your child may mean that another child remains on a waiting list for treatment and therefore does not receive the therapy they require.

Families receiving therapy at MTS will now be asked to commit to the conditions below. Please read and initial each of the following statements if you would like to enter into a treatment program at MTS.

___ I understand that MTS is considerate of the individual needs of each family and will consider the family’s circumstances when reviewing attendance rates.

___ I agree to a minimum of 1 parent consultation session per term. This can be in addition to or in replacement of a regular treatment session.

___ I agree to weekly attendance with no more than 2 cancellations per term (where a face to face session is rescheduled or replaced with a different service modality, no cancellation will be recorded).

___ I have read the MoveAbout Therapy Services Cancellation Policy and agree to the terms and I understand that ALL absences from treatment (whether scheduled or unscheduled) will be considered when calculating the rate of attendance.

___ I have read and agreed to the MoveAbout Best Practice Policy and agree to complete a Total Therapy Plan with my therapist.

___ I agree to participate (and allow my child to participate) in Teletherapy or other agreed upon service when face to face therapy is not possible, such as in the case of illness or other COVID-19 government recommendations.

___ I understand that the 60-minute treatment period includes 45 minutes for therapy and parent consultation, and includes 15 minutes for set up prior to session, session take down following the end of session, cleaning/ disinfecting, technology checks when treatment is via TeleTherapy, transition time and administrative time to complete billing and treatment notes.

___ I understand that MTS reserves the right to reschedule my child’s treatment time or place my child on a waiting list for treatment should this treatment agreement not be honoured.

___ I understand that I am personally responsible for payment of all scheduled sessions. Where a funding submission is not approved, I understand that I am responsible for any charges incurred that are not covered by funding such as Medicare rebates, health insurance fund rebates, or NDIS.

___ I understand that payment is required at the time of service.

___ I understand that MTS aims to provide a positive environment for families and staff and agree to communicate in a respectful manner at all times at MTS.

Name of person responsible: _____ Signature: _____

Name of child: _____ Date: _____