Development is CHILD'S PLAY!
Where Fun and Function Go Hand-in-Hand

SERVICE AGREEMENT FOR OCCUPATIONAL THERAPY
INFANT SCREENING

_____ I am requesting an **infant screening** for my child _____.

I understand that the screening will cost $50.00 for 45 minutes. This cost includes verbal feedback, a summary checklist, and recommendations. Any additional time or follow-up session(s) will be at the rate of $170 per 50 minutes. I understand that I am responsible for all charges and that payment must be made by cash or check.

Providing services may involve exposed skin and physical skin-to-skin contact. Movement and the use of suspended or unstable equipment are integral to our therapy programs. While reasonable efforts will be made to ensure safety, I recognize that injuries can occur.

_____   _____   _____
signature   relationship to the child   date

Are child's parents divorced? _____ yes; _____ no. If divorced, please provide the signature of the other parent or documentation of custodial powers. No services can be provided without this information.

_____   _____   _____
signature of other parent   print name   date

Based on your experiences, please give strategies to use or avoid when working with your child:

Consent for Photographs and Video

HIPAA requires authorization for the use of protected health information, which includes photography and video, for purposes beyond treatment, payment, and healthcare operations. I give permission for photographs and videos taken of my child, or that photographs and videos that I voluntarily submit to Development is CHILD'S PLAY!, to be used solely for educational and teaching purposes and may be used to monitor my child's development over time. **I may withdraw my consent at any time by contacting DICP.**

 Child's Name: _____   Date of Birth: _____   Age: _____

Signature of Parent/Guardian: _____   Date: _____

Are child's parents divorced? _____ yes; _____ no. If divorced, please provide the signature of the other parent or documentation of custodial powers. No services can be provided without this

_____   _____   _____
signature of other parent   print name   date