



INFORMED CONSENT FOR TREATMENT

CLIENT INFORMATION

Client Name (Child's Name)		
Parent / Guardian Name	Mother:	Father:
Mobile Phone	Mother:	Father:

Welcome to Austin Center. This document contains important information about our business policies, as well as your rights and certain limitations that we would like to ensure you are aware of. Please read it carefully. When you sign this document, it will represent an agreement between us.

Therapy Services

The type and extent of services your child will receive will be determined after an initial admission meeting with our specialists, our evaluation and a comprehensive discussion with parents and teachers. The goal of the initial meeting and the evaluation process is to determine the best course of action for your child. The evaluation and / or treatment planning is usually given during a meeting between Two to three hours, as each client should have a single plan.

Description of services:

1. An Individualized Education Plan (IEP) will be prepared for each child after the initial evaluation.
2. The therapist will work according to the Individualized Education Plan and will follow up on the progress of treatment in the client record during each treatment session.
3. The therapist will provide follow-up activities for the parents that must be done at home.
4. Monthly meetings can be organized to evaluate the effectiveness and progress of each client program. Clients' records must be updated to reflect program updates and changes, and any educational programs or techniques found to be ineffective should be replaced by more effective means during the aforementioned case meetings.

Frequent and necessary communication is encouraged to ensure a consistent approach is implemented by all team members in all settings.

5. The IEP meetings will be held with parents and the clinical team once every three months. Reports can also be submitted to monitor progress and goals.



Fees / Terms of Payment and Cancellation Policies:

1. The treatment fee must be paid at the beginning of the month. Package prices will only be applied after prepayment for the agreed number of sessions for the package period. Packages do not apply except in the event of at least 4 sessions per week, where the duration of each session is 45 minutes.

2. In the event that sessions are canceled, the following rules apply:

- All pre-cancellations made 12 hours before the session date will receive alternative sessions.
- Any cancellation made within 12 hours of the session will be counted as a short notice and no alternative opportunities will be given, since we will not be able to reschedule canceled sessions on such a short notice, these sessions will be charged at the agreed package price.
- In the event of an unexpected health condition, we ask you to contact the office at 6:30 in the morning or four hours before the start of the session, upon presentation of valid medical evidence, the canceled sessions are subject to exchange.
- A maximum of two monthly cancellations are permitted unless the reason is leave / sickness (provided medical proof is provided), you will get a maximum of three alternative calls for each cancellation.
- If more than two consecutive sessions are canceled without a valid reason / leave, we will not keep the client's scheduled appointments.
- Alternative sessions must end within 30 days of the session cancellation date, and alternative sessions will be provided only subject to free slot availability between 8.30am and 7.15pm.
- Pending alternate sessions will not be converted as a regular session.

3. Treatment fees are applied per session and this includes time spent on direct treatment and family consultations.

4. The sessions will end on time even if they start at a later time (this is because the therapist has continuous sessions). The price fees will be adjusted if the mistake is from the therapist, but if you are late for your session, the price fees will not be modified and you will be charged according to the price of your session.

6. Since the package price is calculated at a lower price against the long-term treatment, clients are expected to attend the agreed sessions according to the package without stopping it / requesting a refund, in case a package discontinuation / refund is requested, all sessions completed months will be charged according to the normal rates and will be deducted Twenty percent of the sessions for the remaining months.



Potential Benefits

Research has indicated that early intervention may provide significant benefits in helping children and families manage and cope with various disorders and illnesses.

Potential Harms

There are no known harms associated with the participation of your child / family in the evaluation or treatment, however your child / family may be asked to discuss a topic of a sensitive nature, unless required by law, any protected health information or information that reveals your identity will not be disclosed to anyone outside. Your Department of Care without your written consent, and the Department of Care relates to the physicians and staff involved in your child's case at the Austin Center. Therefore, information can be shared internally within the Austin Center and employees during case and client meetings, and the information must be stored in one common medical file that must be accessible to all personnel involved in your child's case, and no information will be shared with anyone outside the center without your written consent, and with There are some circumstances in which our employees may disclose your information without your consent, in the interest of the child / individuals / family at risk. The following are exceptions to your right to confidentiality:

1. If there is clear evidence of imminent serious harm to self or to others.
2. If there is reason to suspect abuse (sexual, emotional, or physical) or neglect of a vulnerable child or adult.
3. If your records are considered relevant and have been summoned by a court of law or regulatory body of health professionals.

If you have any questions about this free consent form or about the services provided at the Austin Center, you can discuss them with the center's director. Your signature below indicates that you have read the information contained in this document and agree to be bound by its terms.

Signature of the parent/Guardian:

Date: