**Consent to Treat, Cancellation and Grievance Polices**

* Early Intervention providers in Pennsylvania are mandated reporters and by law must report suspected child abuse and neglect to Children and Youth.
* Should videotaping be beneficial to a therapy session, your therapist will gain your permission prior to taping.
* At times, we may have students present to observe or assist in therapy sessions. Your therapist will obtain your permission prior to bringing another student or therapist into your child’s session.
* You will be provided with copies of each therapy progress note and a copy of your child’s treatment support plan. Should you have any questions about either document, please ask your therapist

**You Are Unable to Keep Your Appointment:**

If you are unable to keep your child’s appointments, please call the therapist or the agency’s receptionist as soon as possible. Have your therapist’s phone number in a convenient location. Please let your therapist know when you plan to take vacation.

**If Your Child Becomes Ill:**

If you or your child/children is/are sick or has/have a contagious condition, please cancel the appointment. It is important that contagious conditions are not carried on to the next child, or to the therapist. Please also follow these guidelines for the other members of the family who may be involved in the session.

If your child is not feeling well, but you are not sure if he or she is sick enough to cancel, please use the following guidelines to help determine cancellation:

* Your child has had a fever of 100 degrees or above in the past 24 hours or has shown signs of a fever, without the use of fever controlling medications.
* Your child has vomited or had uncontrollable diarrhea in the past 24 hours.
* Your child has not been treated for at least 24 hours after being diagnoses with strep throat, head lice, scabies, ringworm or any other contagious condition.
* Your child has a rash of unknown origin.
* If your house, child, or child’s caregiver has a confirmed, untreated case of bed bugs, lice or scabies. If anyone in the home has Tuberculosis or COVID-19.

**COVID-19**

* Providers will follow CDC and PA Department of Health guidelines and education center guidelines and precautions when a child is seen at daycare/preschool. See link for up-to-date information: <http://www.eita-pa.org/covidfamilies/>

Please cancel our session if you or any person in the household has or is being investigated for an infectious disease, is ill or if someone in the household has a weakened immune system, over 65 years of age, or a person who has a chronic health condition or other factors that pose a risk if the person becomes infected with COVID19 or other infectious disease to be present during the sessions. Should this description include risk factors of your child, your signature below indicates it has been determined that in home services are important to advancing your child’s skills and development.

**Weather Related Cancellations:**

If the weather is bad, the therapist may cancel the visit. If your driveway or street is impassable, please contact the therapist.

**Rescheduling Early Intervention Sessions:**

If your therapist cancels, the therapist will offer you a make-up session. If you cancel a session, it is not required that the session be made up. Remember, it is OK to take a break from early intervention. It does not mean that your child takes a break from learning. What you do with your child is important to their everyday learning.

**Grievance Policy:**

If at any time you are unhappy with your Early Intervention services from Building Blocks therapy, you may contact Megan Lesko (supervisor) at 717-580-0302 or megan@bbtherapy.com. You may also elevate the issue to the county by contacting your service coordinator or the county Early Intervention program. If you prefer to contact the Office of Child Development and Early Learning directly, you may do so by e-mailing

ra-ocdintervention@state.pa.us or calling 717-346-9320.

By signing below, I confirm I have read the above statements. In addition, I give consent for my child to receive therapy services from Building Blocks Therapy in accordance with his/her IFSP. I further give consent for my child to receive emergency medical procedures, which are necessary to preserve life or prevent permanent impairment of health. During COVID-19, I accept the risk of face-to-face services if I have opted to receive them. I will adhere to CDC guidelines and cancel if my child or anyone in our home is exposed to, has symptoms for, is being tested for, or is quarantining due to COVID-19. I am fully aware that I will actively participate in the formulation of my child’s treatment plan. My child’s case will be subject to review by my child’s therapist and other agency personnel solely for the purpose of internal review, evaluation, research, or training. All reviews will be done with strict compliance with the confidentiality statement which has been given to me.

Parent/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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