



# TREATMENT POLICY & INFORMED CONSENT

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## OCCUPATIONAL THERAPY (OT) AND SPEECH & LANGUAGE THERAPY (SLT)

**Welcome to The Lighthouse Arabia – Center for Wellbeing.** This document contains important information about our Professional Services and business practices. Please read it carefully and jot down any questions you might have so that we can discuss them.

**This contract is a reciprocal agreement with corresponding rights and responsibilities on both sides.**

### THE THERAPEUTIC RELATIONSHIP

All clinicians are required to adhere to the code of ethics and standards of practice as put forth by the Dubai Health Authority (DHA) and Community Development Authority (CDA). This code precludes dual relationships (any relationship other than that of a client and therapist) in order to protect the rights of the clients and maintain the objectivity and professional judgment of the provider of services. In the event that a relationship outside the therapeutic relationship is unavoidable, the provider of services will discuss the situation with the client and resolve the issue with the client professionally and in a manner most suitable to the client's needs.

### SERVICES OFFERED

- PSYCHOLOGICAL & PSYCHIATRIC SERVICES
- SPEECH & LANGUAGE THERAPY SERVICES
- OCCUPATIONAL THERAPY SERVICES

### OCCUPATIONAL THERAPY AND SPEECH & LANGUAGE THERAPY

The **initial session** is referred to as the intake meeting. During this session the clinician will gather a history of the presenting concerns and other background information.

Following the intake meeting, the **evaluation** may take more than one session depending on the client presenting concerns. By the end of the evaluation, the clinician will be able to offer initial impressions of the services required and the treatment plan.

The clinician will provide recommendations on the length and frequency of sessions. Sessions may be based in the center or the school depending on clinician recommendations, availability and collaboration agreements.

The clinician will provide weekly feedback either verbally or written as agreed with the client/client's caregivers.



## CONFIDENTIALITY & LIMITS OF CONFIDENTIALITY

With the exception of specific limits of confidentiality described below, clients have the absolute right to confidentiality of their information. Clients are assured that all personal information gathered by the clinicians during the provision of the Occupational Therapy service and the Speech & Language Therapy Service will remain confidential and secure.

If the clinician needs to obtain/release information from other individuals, doctors, and/or schools – a written release of information will be signed by the client to authorize such activities.

Clinicians may occasionally find it necessary to consult other professionals about client treatment for the purposes of supervision, or clinical peer review. During a professional consultation, no identifying information about clients will be revealed. The consultant will also be bound to keep all information confidential.

For Occupational Therapy Services and Speech & Language Therapy Services, photographic and video recording may be required/ collected for diagnostic and/or therapeutic purposes. Please note that this content may only be shared with the clinical team involved and the client/client's caregivers.

### Limits of Confidentiality

While clients have rights to privacy, there are limitations. The limits of confidentiality are:

- When the client waives their right to privacy and gives written consent (clients over the age of 21)
- When, based on sound clinical judgment, disclosure is required to prevent clear and imminent danger to the client or others around you and the client is unwilling or unable to contract for safety
- In matters affecting the welfare or abuse of children or the elderly
- When ordered by an official of the court as required by law

## WORKING WITH MINORS

When treating minors (individuals under the age of 21), parents have rights to access records. It is our policy to request an agreement from parents that they agree to give up access to the records to encourage trust and protect the therapeutic alliance. If parents agree, they will be provided with only general information of the work together, unless the clinician feels that there is a high risk that the minor will seriously harm themselves or someone else. In this case, clinicians will notify parents of their concern. Clinicians will also provide parents with a verbal summary of the work frequently and upon treatment completion on a planned basis (and will be charged for).

Children of divorced or separated parents must have consent from both parents, and/or the primary custodian (with court-attested documentation). Your child's therapist will not communicate with attorneys for either parent or guardian. Any information provided by one parent may be shared with the other parent by the child's therapist if custody is shared.

## DIAGNOSIS

If you are claiming your payment with an insurance company/ or place of employment, clinicians are normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If the clinicians do use a diagnosis, they will discuss it with you. All of the diagnoses come from clinical manual titled the ICD-10.



## OCCUPATIONAL THERAPY AND SPEECH & LANGUAGE THERAPY APPOINTMENTS

Appointment duration, times, and frequency will be determined based on the individual needs of the client. Generally, appointments will last for 60 minutes (50 minutes are typically spent directly with the client). Please note that the clinician may take 5-10 minutes (depending on session length) at the end of the session to discuss feedback with caregivers and complete related administrative tasks such as clinical contact notes or update the clients care plan, as required by the Dubai Healthcare Authority. All phone conversations, emails, or reports that require are more than 15 minutes are deemed to constitute a therapy session and will be billed at the standard applicable hourly rate (pro-rated, as necessary, for the actual amount of time spent).

Treatment frequency and duration will vary from individual to individual and the specific problem(s) targeted. An estimate of treatment duration can be provided, but clients are reminded that it is only an estimate. Treatment duration will vary depending on what clients/caregivers hope to accomplish. Shorter-term treatments routinely target symptom relief and a return to baseline functioning. Enduring changes in longstanding patterns of behavior or chronic problems will naturally require longer-term care.

The clinician will in conjunction with the client decide when to terminate therapy based on the client's needs. In the event the clinician feels he/she is unable to assist client, when it is clear that the client is no longer benefiting, when services are no longer meeting the needs of the client, or the client is not willing to pay the agreed upon fees for services, services will be terminated. Clients have the right to withdraw from treatment at any time and if they are dissatisfied with the nature of treatment progress, an alternative referral will be provided.

## FEES, BILLING & PAYMENT

The standard fee for a 60-minute Occupational Therapy session or a Speech & Language Therapy session is AED 550, however, discounted rates may apply for school-based services. If clients/caregivers wish to purchase a package of 10 sessions, they will receive a discount of 5% and, if they wish to purchase a package of 20 sessions, they will receive a discount of 10%. There is an AED 50 registration fee collected at the first session.

These fees are not inclusive of reports or letters requested. If an assessment report is requested, the fees commence at AED 1,500 for a summary report and AED 3,000 for a comprehensive report. The fees are collected at the beginning of the month and payment is expected in full. Clients will be notified of any changes in fees 30 days prior to effective date. In the event of cancellations or school events, sessions will be rescheduled in the same week or carried forward to the subsequent month.

Consultations over the phone that are over 15 minutes will be charged in 15-minute increments prorated on the clinician's hourly rate. Written reports for schools, companies, and insurance companies will also be charged.

Clients can make payments using cash/credit/and debit cards. Advanced payment of 1-month is required for school-based clients so as to secure a regular schedule timing. Services may be terminated if payments are in arrears.

**Insurance:** The LightHouse Arabia does not direct bill to insurance companies. Clients are responsible for filing all insurance claims. If clients choose to file an insurance claim, the clinician will fill in the necessary information on the claim form and a receipt will be provided in a timely manner. Please be aware that clinicians may need to meet the client on more than one occasion to make a formal diagnosis. It is recommended that you contact your insurance provider prior to attending the first session to see if psychological services are covered.



## **CANCELLATION AND NON-ATTENDANCE OF SESSIONS**

If for any reason a client cannot attend a scheduled appointment, they are requested to contact The LightHouse Arabia as soon as possible. Center based appointments should always be cancelled by 12.00pm noon the day before your appointment and before 8am the same day for school-based clients (direct email to clinician). Please note that it is our clinic policy that missed appointments or appointments cancelled after the above-mentioned timings will be charged at the full rate for adults and 50% of the full fee for individuals under 18 years.

## **OFF-SITE CHARGES OR OUTPATIENT SERVICES CHARGE**

Clients with a request for their clinician to provide off site, out-of-clinic, therapeutic support will be charged in accordance with the respective clinician's hourly charges. In addition, there will be a one-hour minimum charge for travel time to and from the site. Please note that this fee does not apply to school-based clients due to external collaboration agreements.

## **SKYPE SESSIONS**

If the client chooses to engage in sessions via Skype, he/she understands that communicating via the Internet is not 100% secure. You agree to read what Skype™ writes about its level of security and encryption (<https://support.skype.com/en/skype/all/privacy-security/>). The LightHouse Arabia should not be held responsible in the event that any outside party passes and overrides Skype's™ security and discovers your personal or confidential information.

The LightHouse Arabia will not offer skype consultations until and unless a face to face assessment/evaluation session has already taken place at The Lighthouse premises. This acts as a safeguard for the client.

Distant clients understand that if they are experiencing an emergency, seriously considering harming themselves (suicide), or considering harming someone else that they should immediately go to a mental health hospital or facility, or call their national helpline. All Skype™ sessions will be paid prior to the session through PayPal or bank transfer.

## **CONTACTING CLINICIANS**

The LightHouse Arabia operates Saturday – Thursday, 8am-8pm.

If clients need to contact their clinicians out of the therapy appointments times, they may call or email.

Be aware that clinicians may not be available or be able to respond immediately. Every effort will be made to return client calls within 24 hrs. It is important to note that The LightHouse Arabia clinicians do not provide crisis services. Should clients require after-hours services due to mental or emotional distress they must contact the emergency room at the nearest hospital. If the clinician is unavailable for an extended time, clients will be provided with the name of a trusted clinician/colleague whom they can contact, if necessary. In the event that your clinician is suddenly unable to meet with you on your appointed times due to a medical or personal emergency, the session will be rescheduled for the next available appointment.



## ENDING THERAPY

Ending therapy may occur at any time and be indicated by either the client/caregiver or the clinician. If clients/caregiver has concerns about their therapy experience, The LightHouse Arabia encourages them to share their concerns and perhaps changes can be made to make therapy more helpful. It is not unusual for an individual to meet with more than one clinician before they find the "best fit." Clients/caregivers are encouraged to share their preferences and the clinician may be able to help in finding a therapist who may be a better match. Generally, therapy ends when clients have accomplished their goals established at the beginning of therapy. If clients stop attending sessions, the clinician generally does not call out of respect for their choice. This should not be interpreted as the clinician not caring. If clients/caregivers decide at a later date that they are ready to become involved in therapy again, please feel free to call The LightHouse Arabia and ask to resume therapy. The clinician understands that sometimes it is just not the right time to devote the energy necessary for successful therapy.

## CLIENT RIGHTS

Clients/caregivers have the right to be informed about the goals, purposes, techniques, procedures, limitations, possible risks, and the benefits of services to be performed. Goals of treatment and procedures to be used will be agreed upon by the client/ caregivers and the clinician.

Clients/caregivers have the right to expect that their clinician is punctual, meets with as frequently as agreed upon, and responds to your communications in a timely manner. If your clinician needs to postpone a meeting, clients/caregivers will be provided with an appropriate cancellation notice.

Clients/caregivers have the right to terminate therapy at any time for any reason.

## REGISTRATION DETAILS

CLIENT INFORMATION		
First Name:	Last Name <i>(as seen in passport)</i> :	
Date of Birth (DD/MM/YYYY):	Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
MOTHER'S INFORMATION	FATHER'S INFORMATION	
Mother's Name <i>(as seen in passport)</i> :	Father's Name <i>(as seen in passport)</i> :	
Legal Guardian	Legal Guardian	
Mobile:	Mobile:	
Home/Office Tel:	Home/Office Tel:	
Email:	Email:	
Address:	Address:	
Nationality:	Nationality:	
Occupation:	Occupation:	



## EMERGENCY CONTACT

Name:	Relationship to Child:
Mobile:	

## ALLERGIES

Medication(s): YES/NO  YES, Specify:	Food: YES/NO  YES, Specify:	Environmental: YES/NO  YES, Specify:
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## CONSENT FOR CARE

I hereby grant permission for \_\_\_\_\_ (clinician) to provide evaluation and treatment services as may be deemed necessary or advisable for the diagnosis and/or care of \_\_\_\_\_ (name of client).

I understand that all information gathered in the course of the treatment is confidential; however, information may be released in cases of harm to the client or someone else, medical emergency, abuse or neglect, court order, (pertaining to minor children) parent request and where otherwise legally required.

I agree to participate in the treatment planning process to the best of my ability.

I understand that there is no guarantee that those treatment services will prove beneficial to me/my child. I further understand that actively participating in my treatment goals and objectives from therapy is more likely to result in favorable outcomes in the therapy process.

I acknowledge that I have read, understand and agree to be bound by the content, terms, and conditions of The LightHouse Arabia's Treatment Policy and Informed Consent.

I have been given the opportunity to ask questions and have been informed of the rights of confidentiality and my rights as a client/caregiver.

Client/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Relationship to Client \_\_\_\_\_

Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_



## ADDITIONAL CONSENT FOR SCHOOL BASED SERVICES

I \_\_\_\_\_ (guardian/parent's name) as the legal guardian/parent agree to allow my child \_\_\_\_\_ (name of child) to receive Occupational Therapy services or Speech & Language Therapy Services at \_\_\_\_\_ (school's name) under the supervision of The Light House Arabia.

I understand that information such as treatment plans, program goals, assessment results and summary reports will be shared between the clinician and the school team.

I understand that the school will share relevant assessments including my child's IEP, with the clinician from The LightHouse Arabia and any informal reports from the past two years can be shared in order to develop an integrated and coordinated program.

I understand that I am responsible for making the payment for services rendered by The LightHouse Arabia in full, at the beginning of each month and that the fee for cancelled sessions will be adjusted to the next month.

If your child will not be attending school for any reason (illness, vacation, school trip) please inform your clinician or the reception at The LightHouse Arabia via phone prior to 8am on the day of the appointment or email your clinician the day before the appointment. Cancellations after 8am will be charged at 50% of the therapy rate.