



## ***OCCUPATIONAL THERAPY DISCLOSURE STATEMENT***

**Education and Training** Janet Shefferly OTR/L received her Bachelor of Science Degree in Occupational Therapy from the University of Puget Sound in Tacoma. She has worked in a variety of pediatric setting since 1979 with children who have sensory motor and developmental difficulties. She has extensive training in Neurodevelopmental (NDT) and Sensory Integration (SI) treatment modalities. Janet has lived in Thurston County since 1983 and is actively involved in community projects targeting families with special needs.

Janet has been licensed as an Occupational Therapist since 1974. Licensing insures that Janet has received adequate training and supervision in Occupational Therapy, and that she participates in ongoing continuing education. Her curriculum vitae is available upon request.

**Confidentiality** Janet cannot receive information from others nor can she release any information to others without your written permission. Typically, written reports are shared with your child's physician, medical specialists and school district staff. The release of information to others allows all persons involved in your child's care to be made aware of therapy evaluation results, progress in therapy and changes in program emphasis over time.

**Fees** Occupational Therapy fees are available upon request.

**Insurance Billing** You will receive a monthly statement by the 5<sup>th</sup> of the month for services provided during the preceding month. As a courtesy, Janet's office assistant will bill your insurance company. It is expected that your (estimated) balance due will be paid in full by the 15<sup>th</sup> of the month. Co-payments and co-insurance are appreciated at the time of service.

In the event that insurance payments are interrupted, private payment of your account in full is expected within 60 days of the service date. The resolution of disputes with insurance companies is the responsibility of the subscriber. Janet will provide any requested information to your insurance company to expedite the resolution of your dispute. The insurance agreement is between you and your insurance company. It is your responsibility to know any limitations of your insurance coverage. Payment for all services is ultimately the responsibility of the subscriber.

**Missed appointments** Janet requests notice of cancellation of appointments as soon as possible, not later than 9:00 the morning of the appointment. Voice mail is available at all times by using her private line: 360-786-9400. Janet does not routinely confirm appointments. Typically, your child's therapy time is reserved at the same time each week. If you are unable to attend appointments on a consistent basis, your time will be made available to another student.

**Questions and Concerns** Please let Janet know if you have any questions or concerns about any aspect of your child's evaluation, treatment or billing. If these concerns are not adequately addressed by Janet, you may contact the Professional Licensing Board in Olympia at 360-753-3732. Please keep in mind that you always have the right to request a change of therapy emphasis, referral to another therapist, or to discontinue therapy.

### **STATEMENT OF UNDERSTANDING**

I have read and fully understand the preceding description and conditions.

Client \_\_\_\_\_ BD \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Print name and relation to client \_\_\_\_\_

Date \_\_\_\_\_

This form is the property of:  
Janet L. Shefferly OTR/L, INC.  
(360) 786-9400 phone and fax