



# Active Healing

## ACTIVE HEALING, INC. AGREEMENT FOR CLIENT SUPPORT SERVICES

Service Provider: Active Healing, Inc.  
Client / Client: Sample  
Parent 1: Sample  
Parent 2: Sample  
Date: Date

### SECTION 1 - OVERVIEW

Welcome to Active Healing, Inc.

Active Healing is company dedicated to healing individuals who have mental, physical or educational challenges by working diligently with our client and their parent's or caregivers to integrate the natural order of human development.

This Agreement contains important information about our professional services and our business policies. Included with this agreement is a document titled, "Notice of Policies and Practices to Protect the Privacy of Your Health Information," which is a notice required by the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI).

The law requires that Active Healing, Inc. obtain your signature acknowledging that Active Healing, Inc. has provided you with this information. By signing at the end of this document, you will be acknowledging that you have received the privacy notice. You are also agreeing to the terms in this Agreement.

### SECTION 2 - CLIENT SUPPORT SERVICES

Client support services are not easily described in general statements. It varies depending on a number of factors as well as the particular problems or issues being experienced. There are several methods and techniques Active Healing may use to help address different problems. Client Support Services is not like a typical medical doctor visit or other client health related services you may have used in the past. Instead, it calls for a unique plan developed and pro-actively supported by Active Healing based upon the challenges the client faces. It also requires a very active and continuous effort on your part. In order for our work to be most successful, you will need to work in and outside of our sessions, keeping to the plan that Active Healing will create and manage for the client. Without your continued involvement and participation, any chance of success diminishes sharply.

We can say with confidence, that if adhered to, our system has shown considerable success and accomplishment with our participants. We can also state that most if not all of our participants, upon completing the services, go on to live fuller lives that become far less inhibited by their mental or physical concerns. Nevertheless, Active Healing cannot and does not guarantee any changes whatsoever in the client's behavior, mannerisms, physical or mental health.

## SECTION 3 - PROCEDURE, COSTS AND PLAN

The duration of an Active Healing program is dependent on the client's progress, but the portion of normal development we are recreating normally takes approximately one year. This is a good expectation of how long a program takes although individual experiences vary. During this process we have the opportunity to discuss as a team (parents and Active Healing) how the client is advancing through the program and if expectations are being met.

To engage Active Healing's services, a non-refundable payment of \$3,500 must be paid (\$500 due prior to signing this contract) and the remaining \$3,000 must be paid at the initial assessment day. An additional fee of \$1,200 will be charged for a second family member receiving services.

In addition, beginning on the 60-day anniversary of the client's initial assessment, you will be charged a recurring monthly fee of \$265 for continuing Active Healing services through the Momentum program. An additional recurring fee of \$132.50 will be charged for a second family member receiving services

You may discontinue services at any time. We ask, however, that you provide us with 30 days-notice as you will be billed as such.

Included with your payments are the following services:

The Initial \$3,500 (additional fee of \$1,200 for second family member)

1. An initial assessment is performed by our trained professional staff who review and assess the client and the individual issues that the client is facing. We will prepare a detailed written plan whereby the client's ontogenetic findings, diet, environmental factors, and reflexes will be assessed and our recommendations will be given to you.
2. A unique written program will be developed for the client. There will be physical (movement related) and possibly intellectual (memory, thought) and dietary elements of the program. These techniques will be implemented during the training appointment within one-week of the initial assessment.
3. A two-month period of concentrated support begins. The purpose of this intensive initial period is to provide you with the skills to ensure the best opportunity to successfully complete the program. During the initial month of services Active Healing will provide you with weekly meetings to answer questions, clarify technique and make modifications to the program. During the second month of concentrated support these meeting will happen every other week. Support meetings may be provided in person, via phone, video conferencing or video review and contact may be initiated by either Active Healing or the client.

The \$265 Recurring Momentum fee (additional \$132.50 fee for second client)

1. The recurring Momentum fee is initiated at the beginning of the 3<sup>rd</sup> month of care. It entitles the client to assessments every other month according to the schedule described in subsections 2 and 3 below as well as on-going support<sup>1</sup> via phone, email or video as needed between these scheduled assessments.

2. Entitles the client to a full 3-hour re-assessment and updated report of findings every four months beginning in month 4 (of the anniversary of the initial assessment). This visit schedule continues until the client has completed his program or the family opts out.
3. Entitles the client to a 1.5-hour mini assessment the first of which shall occur during the sixth month of care. The second mini assessment will take place during the eighth month and follow a schedule of every four months thereafter.
4. Active Healing will schedule all typical assessments and check-in monthly via phone. Additional email, phone and video conferencing support can be schedule at client's request<sup>1</sup>.

#### SECTION 4 - OTHER PROFESSIONAL FEES

The fee structure of our process is described above. All the items listed in that section (3) are included in the fee.

Notwithstanding, we charge for our supplementary services. Our general supplementary fee is \$150 per hour. Examples of supplementary services include additional requested report writing, extend conversations / three-way calls with other professionals, your request that we consult with other professionals (with your permission), and preparation of records or treatment summaries not included in our general services.

We will not charge you any fees under this section without your prior knowledge and written approval. In cases where you breach this agreement, we reserve the right to withdraw the discounted fee offer listed and charge you on an hourly basis.

There is a \$175 travel fee charged to your account each time Sargent travels to client appointments outside of the Active Healing, Inc. office.

#### SECTION 5 - CONTACTING US

Due to the nature of our work, and the individualized attention each client receives, we are often not immediately available by telephone. We make every effort to be in our office during regular business hours. Any emails or phone messages are held in complete confidence.

We will make every effort to return your call within 24 hours, with the exception of weekends, holidays, and vacations. Nighttime calls will usually be returned the next day. If you have not heard from us within 48 hours, it is possible that we did not receive your message and request that you contact us again.

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<sup>1</sup> The amount of this support is defined as reasonable. Active Healing would not deny a reasonable request for assistance but we must reserve the right to either 1) limit the time devoted to the phone/email support or 2) charge an additional fee.

## SECTION 6 - LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between patients and people outside of this agreement. In most situations, we can only release information about this treatment to others if you sign a written authorization form. There are some situations where we are permitted or required to disclose information without either your consent or Authorization. Please see the attached "Notice of Policies and Practices to Protect the Privacy of Your Health Information" for more information. A summary is provided below:

- We may occasionally find it helpful to consult other health and mental health professionals about a case.
- During a consultation, we make every effort to avoid revealing the identity of our patient.
- We may be required to comply if a government agency requests information for health oversight activities.
- If a client (through a parent) files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend Active Healing, Inc.
- If we have reasonable cause to suspect a client has suffered harm as a result of abuse or neglect.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

## SECTION 7- CANCELTION & REFUND POLICY

In the event you need to cancel an appointment, we require at least one business day notice. Your appointment time is very important to us and we thoroughly prepare prior to each client's meeting. If we do not get at least 1 business day notice of your cancellation, we may not be able to schedule another patient needing that time slot. This is detrimental to us and to the patients we try to serve. Thus, cancellations without 1 business day notice will be charged \$100 fee.

In addition, repeated late cancellations or no shows are disruptive to the optimal delivery of care and may indicate a lack of commitment to the client's health and wellness. As a result, if there are two late cancellations or no shows, we reserve the right to discontinue treatment.

Arriving on time for your appointment is also critical to the optimal delivery of care. Chronic late arrivals are disruptive to the successful implementation of the client's care plan. Arriving more than 30 minutes late for 2 or more visits may result in discontinuing treatment.

To terminate care with Active Healing, Inc. we require a written notice of cancellation. The termination will take effect at the beginning of your next billing cycle. The deposit required to hold your initial assessment dates is non-refundable.

## SECTION 8 - PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep Protected Health Information about you/your client. If you provide a written request, you have the right to examine and/or receive a copy of your records.

**SECTION 9 – CONSENT TO CUSTOMARY & CONVENTIONAL PHYSICAL CONTACT**

Much of the work we do at Active Healing requires significant physical touching and contact with the client as an integral part of the program. There are also occasions when it is entirely appropriate for other adults (Parents or Guardians) to have some physical contact with the staff or the client or both, such as during a lesson or while a staff member is demonstrating an exercise or activity. We will make every attempt to explain the contact and what the activity is and what it is designed to accomplish prior to undertaking the activity.

By signing this contract, you, as Guardian for your client consent to this physical activity both with yourself and your client. You should direct detailed questions about specific physical contact to your Active Healing Staff Members.

**SECTION 10 – BILLING AND PAYMENT**

Initial payments may be made with check, cash, MasterCard, Visa or Discover. Monthly recurring charges are required to be made by credit card. Please be aware that this is an allowable expense on your health savings account (HSA) and flexible spending account (FSA).

\*Your signature below indicates that you have read this agreement and agree to its terms and also serves as an acknowledgement that you have received the HIPAA notice form titled "Notice of Policies and Practices to Protect the Privacy of Your Health Information."

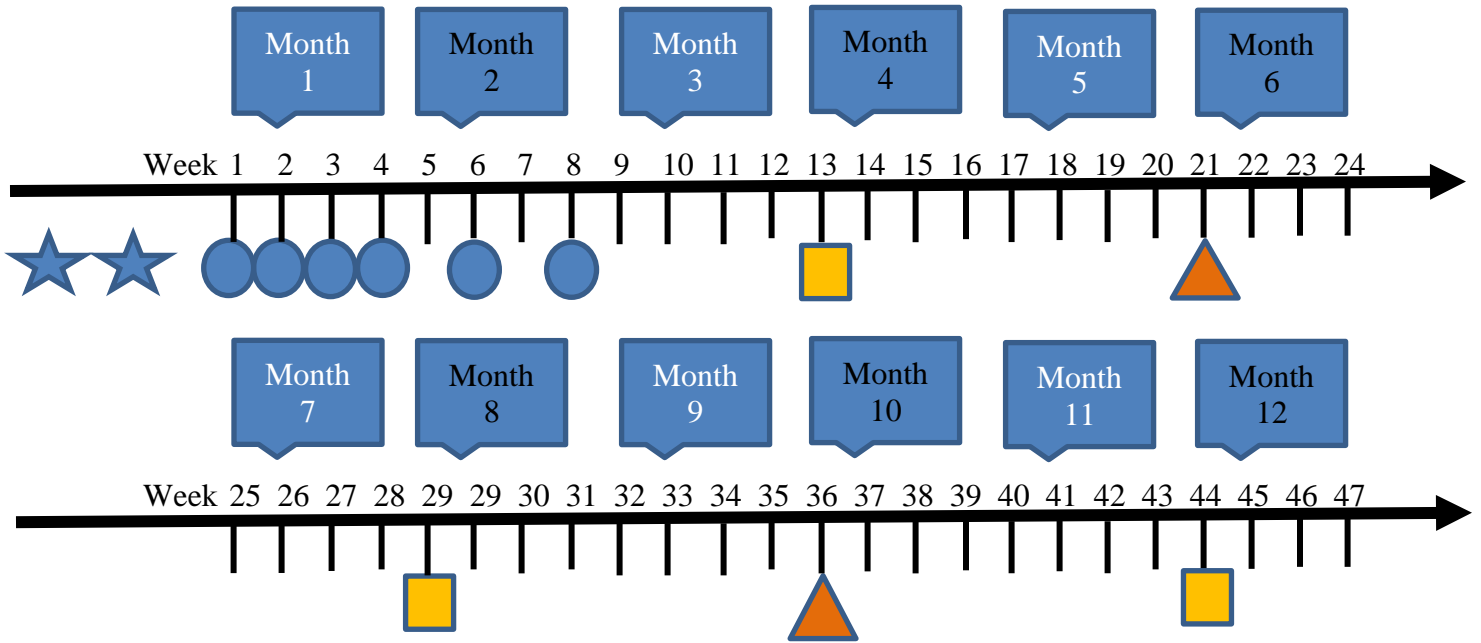
\_\_\_\_\_ Date  
Client's Name and Age





\_\_\_\_\_ Date  
Parent / Guardian / Client

\_\_\_\_\_ Date  
Parent / Guardian

\_\_\_\_\_ Date  
Exec. Director Active Healing, Inc

# Sample breakdown of a NeuroDevelopmental Movement® Program by week



-  = Initial Assessment/Initial Training/3 hour appts.
-  = Initial Support- 1 hour appt.
-  = full re-assessment/3 hour appt.
-  = mini assessment/ 1 ½ hour appt.