



## Welcome to Moving Mountains Therapy Center!

Welcome and thank you for choosing Moving Mountains Therapy Center to be a part of your family's path to success in meeting your child's communication and developmental needs. Here at Moving Mountains Therapy Center, we are dedicated to improving the lives of children by providing effective, caring, and fun therapy services. Our mission is to provide high quality, family-centered and effective therapy that fosters an individual's ability to play, reach their developmental potential and find pleasure, fulfillment, and merit in all aspects of life.

In order to get started, please fill out all forms in the Admission Packet. These forms will provide both you and Moving Mountains Therapy Center with important privacy, financial, and medical information needed before your child can be seen. Additionally, the Intake Form will give us important background history on your child and your family which may be integral to the development of your child's plan of care. If your child has had any recent evaluations by other health professionals (e.g., psychologist, physical therapist, school-based team for I.E.P.s), please bring copies of the results with you upon our first visit or you may fax or mail them in advance. All forms and additional information may be faxed to 406-797-5008 or mailed to **700 SW Higgins Ave Suite 103., Missoula, MT, 59803.**

Following the completion of the Admission Packet, we will schedule your child for an evaluation to determine the best course of action for therapy. We seek to offer our services in settings that your child would encounter during their normal day. Thus, we do travel to your child's preschool, daycare, home, or a predetermined community-based location. Therapy is goal-oriented and family-centered; we work with you to create goals that are relevant and applicable to you and your child's day-to-day life. Sessions typically range from 30-90 minutes dependent on your child's strengths and treatment needs.

Thank you again for choosing Moving Mountains Therapy Center! We look forward to meeting you and your child. In the meantime, if you have any questions regarding our admissions process or other concerns, please feel free to contact us at [info@mmtherapycenter.com](mailto:info@mmtherapycenter.com) or call 406-396-4130.

# The Moving Mountains Team



## CLIENT COMMUNICATION AGREEMENT

Moving Mountains Therapy Center would like to know which methods of communication you prefer, as well as how we may best contact you regarding your services.

I do not have a preference; Moving Mountains Therapy Center may contact me using either email or phone.

Yes  No

**If yes, please fill out entire form, review, and sign the consent for email below:**

I prefer the majority of all contact to take place via phone  Yes  No

**If yes, please indicate best contact number(s):**

Home Number: \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_

Is it ok to leave a message at this number?  Yes  No

Work Number: \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_

Is it ok to leave a message at this number?  Yes  No

Cell Number: \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_

Is it ok to leave a message at this number?  Yes  No

I prefer the majority of all contact to take place via email

**If this box is checked, please review and sign the consent for email below:**

Individual Providers and clients may decide to use email to facilitate communication. Some Providers at Moving Mountains Therapy Center may communicate via email, but this agreement does not obligate all Moving Mountains Therapy Center to communicate via email. Email may be one of many forms of communication with Moving Mountains Therapy Center.

**Conditions for the use of email**

I agree that I must not use email for medical emergencies or to send time-sensitive information to my/the client's Providers. I understand and agree that it is my responsibility to follow up with Moving Mountains Therapy Center Providers if I have not received a response to my email within a reasonable time period.

I agree that the content of my email messages should state my question or concern briefly and clearly and include (1) the subject of the message in the subject line; and (2) clear identification including client's name, parent's name, and telephone number in the body of the message. I agree it is my responsibility to inform Moving Mountains Therapy Center of any changes to my email address. I agree that, if I want to withdraw my consent to use email communications about my/the client's healthcare, it is my responsibility to inform my/the client's Providers only by email or written communication.

### **Risk of using email**

I want to use email to communicate with Moving Mountains Therapy Center Providers about my/the client's personal healthcare. I understand that Moving Mountains Therapy Center will use reasonable means to protect the security and confidentiality of email information sent and received via a HIPAA compliant encrypted email service. I understand that there are known and unknown risks that may affect the privacy of my personal health care information when using email to communicate. I acknowledge that those risks include, but are not limited to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and by received by many intended and unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.

### **Understanding the use of email**

I give permission to Moving Mountains Therapy Center Providers to send me email messages that include my/the client's personal healthcare information and understand that my email messages may be included in my/the client's medical record. I have read and understand the risks of using email, as stated above, and agree that email messages may include protected health information about me/the client, whenever necessary.

Email Address: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

Print client's name: \_\_\_\_\_

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Signature (Parent/Guardian if under 18)

Date

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Printed Name

Relationship to client