



Policies and Procedures

Revised November 2010

Session Fees

I understand that the session fee is due in full before the first day. All checks will be made payable to Wanna Play, Inc. Per week payment will be available by special request. All major credit cards will be accepted.

I agree that no session fee refunds will be made after the first week of session. No session refunds will be made for missed sessions. Missed groups will not be able to be made-up.

I understand that individual sessions must be cancelled 24 hours in advance in order to reschedule and that this scheduling is based on Wanna Play staff availability.

I understand that if the session fee is being subsidized or covered by an institution (not the parents) the same due dates will apply. I agree to assume responsibility to insure that payment is approved and funds are disbursed. If payment cannot be disbursed by the due date, I understand that that a letter of responsibility is required from the institution in order for the student to begin on the first day of session.

Waiting Room, Hallway and Parking Lot

I understand that I am responsible for my child until facilitators come to the waiting room and take children into their sessions.

I agree to respect the church property in which Wanna Play operates. **I will not allow my child or their siblings to run around other areas of the church.** Additionally, I understand that Wanna Play is not responsible for children who are unsupervised in the hallway, inside the church not within the designated Wanna Play space, or in the parking lot at any time.

Pick up and Drop off

I understand that Wanna Play is not responsible for organizing transportation to or from our facility. If transportation is provided by an outside agency, I will include that contact

3625 Chapel Road, Newtown Square, PA, 19073
mail@wannaplayprogram.com - www.wannaplayprogram.com
Phone: 610-853-2898 - Fax: 610-853-0837



information for the agency or dispatch on the Wanna Play enrollment form.

I recognized that the Wanna Play Program Staff must be informed if someone other than a parent is **picking up** my child. I agree that a call is required if the parent will be more than fifteen minutes late in picking up a child. **I understand that there will be a late-fee of \$20 for each fifteen minutes after the conclusion of my child's session with or without a call.**

I agree to escort my child in and out of the Wanna play space and take responsibility for this action.

Emergencies/Health Policies

In case of an emergency the following will apply:

Emergency Procedure – In the case of severe emergency I understand that the proper emergency service will be contacted before a parent. The parent will then be contacted immediately after the necessary emergency services are informed of the emergency.

On the Enrollment Form, contact numbers must be provided for both primary caregivers and secondary emergency contacts.

Should you need to reach us in an emergency (e.g. you will be late picking up your child or another adult is picking up the child) feel free to call The Wanna Play Program any time at 610-853-2898. We may not answer the phone during session, so do not be alarmed if you receive an answering service while your child is in session. Please leave a message as to the nature of the emergency and A PHONE NUMBER WHERE YOU CAN BE REACHED. The voice mail will be checked after each session.

First Aid/Sunscreen- I give permission for Wanna Play to administer sunscreen and **first aid treatment** to my child and, if necessary, to have my child transported to a local hospital for medical treatment. I understand that I will give permission and specific instructions for Wanna Play staff to administer any emergency medication, along with a signed release.

Fever – I understand that if during a session my child spikes a fever of 99 degrees or above my child will be made comfortable and a parent will be contacted immediately for my child's pick up.

Snow – I understand that in most cases, The Wanna Play Program will make decisions about canceling services based on the Marple Newtown School District, however, snow

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cancellation will be left to the discretion of The Wanna Play Program directors. Information regarding the cancellation of groups due to inclement weather will be on the voice mail greeting. Full day cancellations will be announced on the voice mail greeting by 7:30 am and afternoon and evening cancellations will be announced by 1:00pm. Snow days will not be made up. **Please, call 610-853-2898 for more information.**

Health Policies

I agree that no medications, prescription or over the counter, will be administered by the staff of The Wanna Play Program. Any medication whose administration is on a time schedule that coincides with my child's Wanna Play session will be given to the child by a parent. Persons other than that parent must have written permission by a parent authorizing the medication. The Wanna Play Program will not be held responsible for reactions to medication given on The Wanna Play Program property.

I agree to keep my child home if they are sick and/or contagious child. If my child comes down with highly contagious illness such as chicken pox I will notify Wanna Play so that they can inform other families.

I understand that children who are not potty trained will be included in all of the Wanna Play programs. **I will provide diapers/pull-ups and wipes for any changes that need to occur during a session.**

Change in Group Enrollment

I understand that if my child is placed in a group and The Wanna Play staff observe that the group is not appropriate for my child's needs my child will be removed from the group. In such cases I understand my family will be informed of another possible group or one to one sessions into which the child can transition. (An additional one to one session may also be suggested by one of the directors to better support the child in the group environment.)

Notes on Confidentiality:

All documents concerning your child that you have supplied to the directors of The Wanna Play Program will be kept confidential. A copy of any of the documents written by the staff of The Wanna Play Program will be given to the parents or guardians of the child and only shared with other professionals with written consent of the parents or

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guardians.

The staff at The Wanna Play Program (hereafter referred to as the clinic) are committed to providing caring and professional mental health care to all of our clients. As part of the delivery of mental health services we have established a financial policy which provides payment policies and options to all consumers. The financial policy of the clinic is designed to clarify the payment policies as determined by the management of the clinic.

The Person Responsible for Payment (as noted in the Payment Contract for Services) will be financially responsible for payment of such services. The Person Responsible for Payment of Account is financially responsible for paying funds not paid by insurance companies or third-party payers after 60 days. Payments not received after 120 days are subject to collections. A 1% per month interest rate is charged for accounts over 60 days. Missed individual sessions or cancellations less than 24 hours prior to the appointment are charged at a rate noted in the Payment Contract for Services.

Reporting and Communications

Due to HIPPA compliance issues, facilitators will no longer be able to give updates in the waiting room after sessions.

Additional feedback opportunities will be offered for an additional fee.

Feedback options will be:

- Throughout the 10 week term an email or brief phone consult can be scheduled at \$45 per half hour.
- A parent consult meeting can also be scheduled at the end of the 10 week term for \$40 per half hour.
- An observation written report can be requested at the end of the 10 week term for \$40.

I recognize that the Wanna Play Program will provide social goal lists for any group, individual, or ESY sessions at the end of a session, upon request.

I understand that a full write up is also available for a small fee. This report includes observations of the sessions and goals for continued social development.

I understand that Wanna Play is available to offer any feedback, strategies, observations and letters to share with other therapists, teachers or other agencies.

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Information or reports specifically for IEPs and meetings including full Social Assessments are also available for an additional fee.

I understand that every effort will be made at brief communication at the end of sessions and that consultations can be requested with facilitators for a small fee.

Other Provisions

When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment had not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g. diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time- frame, and the name of the clinic or collection source.

Third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of service, date/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports are dictated/typed within the clinic or by outside sources specializing in (and held accountable for) such procedures. In the event in which the clinic or mental health professional must telephone the client for purpose such as appointment cancellations or reminders, or to give/receive other information, effort are made to preserve confidentiality. Please notify us in writing where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the clinic or the nature of the call, but rather the mental health professional's first name only. If this information is not provided to us (below), we will adhere to the following procedure when making phone calls: First we will ask to speak to the client (or guardian) without identifying the name of the clinic. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify the clinic (to protect confidentiality). If we reach an answering machine or voice mail we will follow the same guidelines.

Non-discrimination Policy

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Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex or sexual orientation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual (and or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

The Wanna Play Program
3625 Chapel Road
Newtown Square, PA 19073

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health and Welfare Building
PO Box 2675
Harrisburg, Pa 17105

PA Human Relations Commission
Philadelphia Regional Office
110 North 8th Street Suite 501
Philadelphia, PA 19107

U.S Department. of Health & Human
Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, Pa 19106-9111

Commonwealth of Pennsylvania
DPW Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

Limited English Proficiency Policy Statement (LEP)

It is our responsibility to ensure that all clients have meaningful and equal access to services. This responsibility encompasses the most basic of human needs, the need for communication and understanding.

In order to ensure effective communication at the Wanna Play Program staff will make every effort to ensure communication and understanding for those clients or their immediate families who are identified as having Limited English Proficiency (LEP).

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In addition, the public offices have been equipped with universal symbols for bathrooms, exits and water fountains

Once a client or their family has been identified as needing translation or interpretive services, The Wanna Play Program staff will contact the corresponding appropriate agency.

Finally, I understand that Wanna Play takes reasonable precautions to assure the safety and well being of my child, and that even after taking such precautions, accidents or injuries may occur. I recognize the risks and agree to assume the risks by allowing my child to attend The Wanna Play Program and participate in these programs. I hereby release, discharge, and agree to indemnify The Wanna Play Program, their officers, directors and employees from all damage and injury to my child or his or her property related to or arising out of my child's attendance at The Wanna Play Program.

By signing the signature page you are agreeing to the above policies and procedures. A copy of this signature page is required on file a The Wanna Play Program before your child can participate in programming.