

---

# PARENT HANDBOOK

---



## CAPE KIDS THERAPY & SENSORY CENTER

Operated by Cape Therapy Network, LLC  
681 FALMOUTH ROAD, SUITE D-24  
MASHPEE, MA 02649

## CONTENTS

---

OUR MISSION .....	1
Mission Statement.....	1
Our Rehabilitation Philosophy.....	1
Code of Ethics .....	1
POLICIES AND PROCEDURES.....	2
Contact Information.....	2
Hours.....	2
Scheduling.....	2
Services .....	2
Cancellation/No Show Policy.....	3
Weather Related Cancellations.....	3
Attendance.....	3
Clothing.....	3
Parking.....	4
Smoking Policy.....	4
Planning Your Discharge .....	4
PARENT RESPONSIBILITIES.....	5
PATIENTS RIGHTS AND RESPONSIBILITIES.....	6
Notice of Non-Discrimination.....	6
Part I The Rights of Patients.....	6
Part II The Responsibilities of the Patients.....	6

# OUR MISSION

---

## MISSION STATEMENT

---

Cape Kids Therapy & Sensory Center is dedicated to helping individuals achieve their full potential in function and independence.

Cape Kids Therapy serves as a leader and an advocate in identifying and responding to the needs of individuals residing in the region by providing comprehensive Occupational Therapy Services.

## OUR REHABILITATION PHILOSOPHY

---

Rehabilitation is about helping your child to reach their optimum level of health and independence. You, as parents, are important members of the team. Together we will develop an individual treatment program structured around your child's special needs and capabilities.

Helping you help your child is a major focus of this program. We encourage you to work with your child's new goals by performing as many functions as you can within the guidelines established by you and your child's therapist. We will always be available to assist you when you need our help. However, your child's progress will generally be more rapid when you attempt to do as much as you can at home to foster and support the goals.

## CODE OF ETHICS

---

Cape Kids has a policy to ensure that all the organizational, clinical and business affairs of the center are conducted in accordance with the highest ethical and legal standards and in compliance with all laws and regulations. If you have any questions regarding this code and its implementation, please ask to speak with the program director.

# POLICIES AND PROCEDURES

---

## CONTACT INFORMATION

---

Cape Kids Therapy & Sensory Center is located at:

681 Falmouth Road, Suite D-24  
Mashpee, MA 02649

Telephone: (774) 521-3285  
Fax: (774) 521-3641  
e-mail: [madeline@capetherypnetwork.com](mailto:madeline@capetherypnetwork.com)  
Website: [www.capetherypnetwork.com](http://www.capetherypnetwork.com)

Director: Madeline Langley, OTR/L, SIPT

Our mailing address is:

681 Falmouth Road, A30  
Mashpee, MA 02649

---

## HOURS

---

We are open for business Monday through Thursday from 9:00 a.m. to 6:30 p.m. Our summer hours are Monday through Thursday 8:30 a.m. to 6:00 p.m.

---

## SCHEDULING

---

Appointments are scheduled during regular business hours for evaluations and treatment sessions. Please call the office at (774) 521-3285 to schedule an appointment.

---

## SERVICES

---

We are an out-of-network provider for all insurances. A credit card must be on file with us at your first visit. Fees for our services are as follows:

- Occupational Therapy Sessions. Therapy sessions are approximately one hour in length (45-50 minutes of treatment and 10 minutes for follow-up with parent and/or guardian). Therapy sessions are billed at \$165.00 per session.
- Evaluations. Standard evaluations are approximately 1 – 1½ hours in length. The fee for an Occupational Therapy evaluation varies. The tests used during the evaluation will vary depending on age and needs of the child. Cape Kids uses standardized and non-standardized tests to maximize understanding of ones needs, as well as providing a comprehensive treatment plan. Others may be added if necessary. ***Payment in full for the evaluation is required the day the service is provided.***
- SIPT Testing. The fee for this testing is \$2,000.00. This includes two 2-hour evaluation sessions, as well as a written report and recommendations. Discussion with parent/guardian

will occur after the report is completed. ***Payment in full for the evaluation is required the day the service is provided.***

- **Summer Program.** We offer a summer program for our patients. The session runs for six weeks in July and August. Sessions are one-hour in length (45-50 minutes of treatment and 10 minutes for follow-up with parent and/or guardian) and follow the same format as our regular Occupational Therapy sessions. ***Payment in full is due for the summer program at the first session.*** Other payment arrangements may be made by contacting the office.
- **Additional Fees.**
  - Meetings with parents and/or guardians, attending school meetings and conferences with other professionals are billed at \$250 per hour.
  - Fees for travel for in-home therapy, attendance at school meetings and other patient-related needs are billed at \$25 to \$100 depending on travel time and distance.
- **Requests for Information.** At times, formal notes are needed for IEP meetings at school or doctor's visits. We are happy to do this with one week's notice. A fee of \$125.00 will be charged for the therapist's time to write the note.

---

## CANCELLATION/NO SHOW POLICY

---

We have a 24-hour cancellation policy. If you find that you are unable to attend a therapy session, please give us as much notice as possible, with ***a minimum of 24 hours' notice.*** Although we are prepared to address special circumstances, we need to adhere to this policy to enhance our ability to provide our services in a timely fashion to all those who need them. In the case of a late arrival, therapists will use their discretion as to whether a patient is seen for therapy. If a patient is seen for therapy, the therapy visit will conclude as scheduled unless the therapist is able to make alternative arrangements. If a child misses a therapy session without notice, there is a one-time missed session without charge. After one missed session without 24 hours' notice, the patient will be charged \$100.00.

---

## WEATHER RELATED CANCELLATIONS

---

In the event of inclement weather and for the safety of families and staff, we are closed if the Mashpee Public Schools are closed. You can listen to local radio stations for updates or call Madeline at (508) 737-3490.

---

## ATTENDANCE

---

The single most important thing you can do to ensure a good outcome to therapy is to keep your scheduled appointments. Please make every effort to arrive at your scheduled time. Your child's progress depends on our ability to monitor their progress, provide you with timely treatments and update your program. We also expect that you will comply with any home program we recommend.

---

## CLOTHING

---

Your child should wear loose fitting casual clothing that allows them to move comfortably.

---

## PARKING

---

There is convenient parking at our site. You may park in a designated handicapped space ONLY if you have HP plates on your car. Assistance with wheelchairs, transfers, etc. is always available. Please request assistance with the front desk prior to your appointment.

Please be aware that we are not responsible for thefts or accidents in the parking lot. Place all valuables out of sight and lock your vehicle. Should an accident occur, contact the police, exchange insurance information, and notify your insurance carrier as you would anywhere else.

---

## SMOKING POLICY

---

Cape Kids promotes good health and disease prevention. Accordingly, smoking is prohibited within the facility and on the facility grounds.

---

## PLANNING YOUR DISCHARGE

---

An important aspect is planning for your discharge from Cape Kids. Your rehabilitation team will begin to discuss your discharge plan with you early in your program.

## PARENT RESPONSIBILITIES

---

To provide you with the best possible care, your child's rehabilitation must be a joint effort between you, your child, and the OT team. You can help us by:

- Taking an active role in your child's therapy, including asking questions when you do not understand what you have been told about your child or what you are expected to do.
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your child's health.
- Following the established treatment plan and accepting the consequences if the treatment plan is not adhered to.
- Showing respect and consideration for the personnel and their property.
- Promptly meet any financial obligation to Cape Kids.
- Respecting the rights of other patients to receive medical care and treatment without disruption or interference.
- Being ready for therapy and treatments on time.

# PATIENTS RIGHTS AND RESPONSIBILITIES

---

---

## NOTICE OF NON-DISCRIMINATION

---

Cape Therapy Network, LLC does not discriminate based on age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion.

---

## PART I THE RIGHTS OF PATIENTS

---

1. Your child has the right to be treated with respect and dignity and receive quality services.
2. You have the right to have your child's clinical information kept confidential within the constraints of the law.
3. You have the right to an explanation of your child's condition or treatment.
4. You have the right to participate in decisions involving your child's treatment. If you decide or refuse treatment or do not follow the treatment plan, you have the right to be told what the possible results could be.
5. You have the right to refuse or take part in any scientific research. If you refuse to take part in any research, your refusal will not in any way, affect your treatment or other services you need.
6. You have the right to have your complaints heard.
7. You have the right to request a referral to another therapist.
8. You have the right to receive assistance with respect to knowing and understanding your benefits.

---

## PART II THE RESPONSIBILITIES OF THE PATIENTS

---

1. You are expected to support the patient-therapist relationship. For example, you should exercise courtesy and make every effort to keep scheduled appointments. A "no show" payment will be applied if you miss an appointment without notifying the office. Notification must be made at least 24 hours in advance of your child's scheduled appointment.
2. You are expected to present true and accurate information when it requested and participate actively in the planning of your child's treatment.
3. You are expected to follow the recommendations of the clinical treatment program and to address any problems or complaints about your child's treatment with your OT or the Director.
4. You may not threaten or endanger the life, health, or social well-being of staff members.



5. You may not engage in illegal acts, such as forging or falsifying our name on any forms requiring a signature.
6. You are expected to pay the necessary fees at the time of your appointment.
7. You are expected to notify Cape Kids if you decide to stop treatment.
8. You are expected to respect the confidentiality of other patients.

If you would like a copy of the full text of the Massachusetts Patient's Bill of Rights, please ask your therapist. If you have any questions regarding patient rights, please let us know. If any of these rights and responsibilities are unclear, you have the right to have them explained to you. Upon request, these rights and responsibilities must be read to you and explained.